

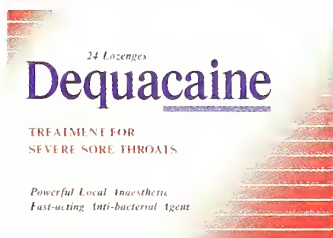
# CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY



## Sore throats talk

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## KCW launches £18k window campaign

*RPM: is saving £3.30  
a year worth loss of  
a local pharmacy?*

*How to handle the  
discount clawback*

*Numark in new  
joint OTC venture  
with Phoenix*

*WLHC and Pfizer lose  
VP ahead of merger*



*One man, one shop  
– the German way*

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# CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

VOLUME 254 No 6263 141st YEAR OF PUBLICATION ISSN 0009-3033

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## COMMENT

Pharmaceutical care, or medicines management, has been a consistent goal for forward-thinking pharmacists for well over a decade. With the government poised to commit £30 million to secure better use of medicines in the NHS, there is the prospect of the vision actually being put into mainstream practice (see p26). The DoH is to set up an action team to promote medicines management services, but pharmacists do not have a de facto right to representation. If PSNC's initiative in this area - and any other the DoH chooses to pilot - are to get a fair crack at proving their worth the 'action team' will have to be just that. It is important that practising pharmacists are well represented. That does not mean people from the growing army of pharmaceutical advisers and prescribing advisers who all too often have migrated out of the hospital service. It means pharmacists with first hand experience of what concordance means in community practice. There is a nagging concern that despite the fact that 'Pharmacy in the Future' is all about community pharmacy, it will be under-represented in the new NHS. Paranoia? Perhaps, but whether they choose to admit it or not, politicians and civil servants still have difficulty in thinking about community pharmacy in any terms other than retail businesses. They see that contractors make profits - sometimes large ones - and they don't like it. The NHS is not there to make people rich (pharmacists know it doesn't - it's their other activities that pay the bills). It has been a major conceptual leap for them to recognise that pharmacies are a key part of the NHS infrastructure - albeit on a private finance initiative-basis. But civil servants are still happier dealing with pharmacists who are not tarred with the retail brush (what are the odds of a community practitioner getting the chief pharmacist's post?). In deciding who sits on action team and in other key positions, the DoH must be careful it does not give away too many seats to those with no community experience.

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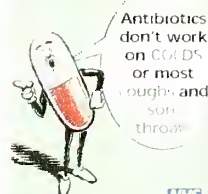
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The government's pharmacy strategy dominated events at last week's IPMI conference in Lincoln

## ANTIBIOTICS



For more information ask your pharmacist. Antibiotics are not suitable for most respiratory infections. Always consult your doctor.



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© United Business Media Ltd 2000  
Chemist & Druggist incorporating Retail Chemist, Pharmacy Update and Beauty Counter  
Published Saturdays by United Business Media Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW  
C&D on the internet at chemdrug@dolpharmacy.com  
Website: <http://www.dolpharmacy.com/>  
Subscriptions (Home) £137 per annum, (Overseas & Eire) \$324 per annum including postage £2.60 per copy (postage extra)  
Additional Price List £78 per annum  
Circulation and subscription: United Business Media Ltd, Tower House, Sovereign Park, Lathkill Street, Market Harborough, Leics LE16 9EF  
Tel: 01858 438809  
Fax: 01858 434958  
Refunds on cancelled subscriptions will only be provided at the publisher's discretion, unless specifically guaranteed within the terms of subscription offer  
The editorial photos used are courtesy of the suppliers whose products they feature  
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Numark Trading is a new 50:50 venture covering the UK OTC business of both companies

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Andrew Hunt says he is to pursue new business opportunity, just a merger due to announced



## Winter campaign promotes pharmacy on the radio



How to point you in the right direction. In the NHS on days there are lots of choices available. By making the right choice at the right time you get the best possible treatment. For example, many everyday illnesses can be treated safely at home. For more information on when to visit your GP or pharmacist, or when to go to A&E, visit the NHS Direct website. Now you'll always find the treatment you need.

GET THE RIGHT TREATMENT **NHS**

The Government's winter campaign, 'Get the right treatment', started this week and will remind the public that expert advice is available from pharmacies.

The £1.75 million national advertising campaign, running until the end of January, explains how to access healthcare services and use them responsibly. It gives information about NHS Direct, which will be available throughout England by the end of this month.

Press and poster advertising features directional signs which 'point' patients in the right direction, whether it is to their GP, A&E, 999 services or self-treatment with the help of a pharmacist.

A radio campaign in January, the main coughs and colds month, will focus specifically on the pharmacy as an easily accessible source of health advice for which no appointment is needed. Internet banner advertising will be used to promote the NHS Direct Online website.

Launching the campaign on Monday, Health Minister Gisela Stuart said: "Last year's 'Choose the right remedy' campaign was an excellent step in the right direction, but raising public understanding and awareness doesn't happen overnight. This year's campaign will continue to build people's knowledge of the healthcare services available, which are often more extensive than they realise.

"We hope that by helping people understand how they can access the right service at the right time, the NHS can help them get the care they need more quickly and use resources in the most effective way."

# Pharmacists paid £600 for health promotion scheme

Pharmacies in central London are receiving £600 each for participating in a health promotion window scheme through October and November.

Some 29 pharmacies are involved in the Kensington, Chelsea & Westminster Health Authority scheme which involves featuring a window display and distributing literature on two health issues, asthma and antibiotics.

Pharmacists and members of staff have also attended a training day to develop their knowledge of the campaign subjects. The scheme will be assessed by leaflet counts and by completing an enquiry log.

The first campaign subject highlights the differences that patients using aerosol inhalers may notice as their inhalers change to CFC-free inhalers. This has been running throughout October.

The second campaign, which runs throughout November, promotes the message that antibiotics do not work for colds, most coughs or for sore throats.

This year's campaign follows on from a successful windows campaign last year on the theme of emergency birth control. "This campaign showed very clearly that using pharmacy windows is an effective method of raising public awareness of specific health promotion messages," says the HA, which

hopes to run further window campaigns in the future.

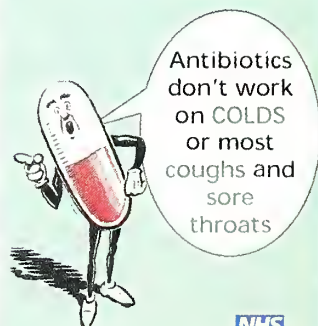
Money has been made available from health promotion funds. Pharmacies were recruited by responding to an HA mail-out and chosen for their locations in order to give an even coverage through the HA.



Pick up a free leaflet inside or for more information ask your Pharmacist

The window posters being used in the KCW health promotion scheme

## ANTIBIOTICS



For more information ask your pharmacist. Leaflets are also available in the following languages: Arabic, Bengali & Somali

## Pharmacists have mixed views on PAS

Nearly half (49 per cent) of a sample of pharmacists said they would knowingly dispense a prescription for use in physician-assisted suicide (PAS), if it became legal. But 54 per cent thought it would be correct to refuse to dispense this.

A survey in the latest *Journal of Medical Ethics* (26.363-369) found that 70 per cent of pharmacists agreed it was a patient's right to choose to die; 57 per cent and 45 per cent,

respectively, agreed it was the patient's right to involve his or her doctor in the process and to use prescription medicines. Although 53 per cent of pharmacists believed it was their right to know when they were being involved in PAS, 28 per cent did not.

Most pharmacists (90 per cent) would like to see a practice protocol for PAS in the Royal Pharmaceutical Society's Code of Ethics if there were a change in the law. Men were significantly less likely than women to favour PAS.

The pharmacists saw their professional responsibility towards PAS as different from that of the physician. Pharmacists viewed their role as more obligatory, in having to supply the drugs used, whereas doctors have more autonomy in refusing the patient's request.

The researchers found it worrying that some pharmacists preferred to remain ignorant about the true purpose of a prescription for PAS, particularly with current developments in pharmaceutical care.

Hospital pharmacist Timothy Hanlon, Marjorie Weiss, University of Bristol, and Judith Rees, University of Manchester, suggest that the Society should consider extending the Code of Ethics' 'conscience clause' to respect the personal beliefs of pharmacists who would object to co-operating in ending a life if legislation was changed.

## Petition for a 24-hour pharmacy

A Bradford man is petitioning for a 24-hour pharmacy in the city, after his elderly mother needed an urgent prescription dispensed at 7pm on a Sunday.

Michael McGinn had to travel to Leeds to find a pharmacy open. But Bradford Health Authority says it would cost too much to fund a 24-hour pharmacy on the NHS.

Senior planning manager John Hearnshaw told *C&D* that 11 pharmacists in Bradford already offer a pager service in which they take turns to do out-of-hours dispensing. GPs and the police know of the service, which is also publicised on NHS Direct. He thought the present arrangement, backed by voluntary pharmacy openings until 10pm on weekdays, was sufficient to meet local needs.

## NHS prescribing for minor ailments in Derby

Patients with minor ailments will soon be able to obtain free non-prescription medicines in a pilot starting soon in Derby.

Four GP surgeries will invite patients to sign up for the Pharmacy First scheme, in which they can obtain small quantities of medicines from nearby pharmacies. The GPs and pharmacists have agreed on a limited list of medicines that can be supplied, covering ailments such as coughs and colds, headaches, indigestion and diarrhoea.

Central Derby Primary Care Trust has allocated £30,000 to the pilot, which will be reviewed by the end of March to see what impact it has had on the number of GP consultations.

Chief executive Graham English says the scheme will target patients who are exempt from prescription charges and seek GP appointments rather than buy OTC medicines, although it will be open to all patients.

Pharmacists will receive a consultation fee whether or not they recommend medication. The patients can go straight to the pharmacist or they could be referred by the surgery when they ring up to make an appointment.

"We've had a good response from local pharmacists," says Mr English.



# RPM: limited savings set against loss of pharmacies

The loss of resale price maintenance would save the average British household only £3.30 a year, but at the expense of losing pharmacies, pharmaceutical services and a wide range of medicines.

This was the opening gambit of Mark Cran QC as he set out the key arguments for the retention of RPM on branded over the counter medicines at the Restrictive Practices Court last Thursday.

Representing the Community Pharmacy Action Group, he added that evidence will be presented showing that "the supermarkets ruthlessly exploit their position".

Should RPM end, he anticipated that there will be an initial but temporary reduction in the prices of branded OTC medicines, and the supermarkets will generate publicity to "make the public believe that medicines are generally cheaper in supermarkets".

But evidence collected by Professor Peston indicates that supermarkets will constantly seek to increase their profits. "We say that [price reductions] will not last and, in the end, prices will rise again above the level at which they now are."

Mr Cran also told the court: "Supermarkets put up the retail price of price maintained goods when there is a price rise due to increased costs but refuse point blank to pay the increased cost which feeds through in the price from the manufacturers."

"They thus use the price rise to increase their own margins. They claim to be on the side of the public but this is just not true. If they were, they would refuse both prices, not just the one that gives them the benefit."

OTC sales are currently about £32 million per week. This equates to about £1 per UK household per week. Of the OTC market, about one third by value and one half by volume are not price maintained.

The long-term view is that the drop in prices of branded goods would be only about 10-15 per cent. Hence the average saving per household will only be about 6.5p a week or £3.30 a year.

Pharmacy contractors would be affected by the price cuts. If customers stopped shopping in pharmacies because they were attracted to the supermarkets, or if pharmacies reduced their prices to compete, the loss of revenue for small pharmacy businesses could be dramatic.

Accountants Arthur Anderson estimate that the abolition of RPM would increase the number of loss-making pharmacies with turnovers of less

than £500,000 from the current 29 per cent to somewhere between 44 and 50 per cent. These businesses could only sustain losses for a limited time, argued Mr Cran, and once they stop trading they will not be replaced.

The inevitable cut in profitability will cause surviving pharmacies to cut their costs, including staff costs. A proprietor pharmacist will then have to take on more tasks currently carried out by non-qualified staff, so reducing the time devoted to advisory services. These are currently free, so the pharmacist will either cease providing them or start charging for them.

Manufacturers may spend £25 million bringing a product to the OTC market. But with reduced profit, manufacturers will not develop medicines in the way they have done up until now. They will also retreat from the large range of products they offer to concentrate on the most fast-moving and most successful ones as this will be the only way to build a defence against the supermarkets.

## Witnesses heard

Witnesses of fact will be called despite Office of Fair Trading's efforts to prevent them being heard.

After opening statements were made, the case was adjourned after the OFT counsel asked the judge, Mr Justice Lightman, to consider whether witnesses of fact should be heard. These witnesses would give evidence on how the market would respond if RPM were to be removed. It was suggested that such evidence could be subjective.

After re-convening on Monday, Mr

Justice Lightman said that it would be for the Court to decide how much weight to give this evidence, while it was for the OFT's counsel to determine how much cross examination is required. He therefore allowed that the CPAG witnesses of fact could be heard.

Mark Cran explained that the importance of these witnesses lay in their first hand experience of the market. Expert witnesses cannot, however well qualified, provide this insight, he argued. Further, Mr Cran reminded the court that part of the OFT's evidence was based on similar witnesses of fact.

The case is now being heard in camera as manufacturers are giving commercially confidential evidence. The court is likely to remain in camera until November 1-2.

On Friday, the BBC online news service carried an interview with Asda's hypermarkets director, Justin King, and CPAG chairman David Sharpe.

Mr King cited the price difference between Asda's own brand cold remedies against branded OTC medicines as the sort of thing customers could expect to end. He said the case was not so much about the buying power of the supermarkets, or about chemists, but about the drug companies. It is they who "dictate" the high drug prices on branded products.

Asked if customers will still go for the brands they know, Mr Sharpe said he was worried for his pharmacist colleagues. "The perception the public has of the supermarkets is that their price is lower. That's why butchers and bakers are gone from the high street."



UniChem's third pharmacist development weekend took place in Gloucester a fortnight ago, and included CPP accredited clinical workshops, and sessions on category management and customer services training. The next training event will be in Harrogate on November 3-5. Apologies to those who did not recognise themselves in last week's photo!

## Free NRT for up to six weeks

The DoH has clarified the position on free nicotine replacement therapy.

Health authorities and health action zones can supply vouchers for up to six weeks' NRT free to people exempt from prescription charges. Under the NHS National Plan the Government proposed that all NRT and Zyban should be available on the NHS.

The latest move is to give HAs and HAZs flexibility to supply NRT while formal consultation is underway.

## IN BRIEF

### Cipramil recall

Lundbeck Ltd is recalling all batches of its Cipramil Oral Drops (citalopram) 40mg/ml 15ml. This is due to the closure/dropper assembly not being tightened sufficiently to prevent leakage or evaporation of the contents. The Medicines Control Agency issued the class 2 alert on October 17. Further information is available from Glen Sturman of Lundbeck on 01908 649966.

### Coro-Nitro Spray recall

Roche Products is recalling four batches of Coro-Nitro Pump Spray (glyceryl trinitrate) 0.4mg/dose (200 doses) due to reports of sprays failing to deliver a dose upon first use. Affected batches are: GBC090B with expiry March 2002; GBD106A expiry April 2002; GBE040A and GBE086A both expiry May 2002. The class 2 recall was issued by the MCA on October 11. Further information is available from Roche Customer Services on Freephone 0800 732 5711, or at Roche Products Ltd, 40 Broadwater Road, Welwyn Garden City, Herts AL7 3AY.

### Commonwealth Pharmaid

Pharmacists are being reminded that the annual collection of recent editions of the BNF will take place next month. All books will be sent by Book Aid International to Commonwealth developing countries for use by health professionals. Copies of the BNF 38th edition (green cover) and BNF 39th edition (pink cover) will be collected by AAH delivery van drivers in the week commencing November 13.

### Organ donation scheme

A new web site aimed at raising awareness of the growing need for organ donors is being supported by stars from Coronation Street and the ITV drama Always and Everyone. The site at [www.nhs.uk/organdonor](http://www.nhs.uk/organdonor) lets people add their name to the NHS Organ Donor Register and download an organ donor card.



## GW responds to adverse media reports on Zyban

Glaxo Wellcome says there is currently no need to modify the patient information leaflet for Zyban (bupropion), the oral smoking cessation drug launched in June.

Stressing that the company is constantly monitoring the safety profile of the drug, GW denied media reports last week which suggested that there was a higher incidence of adverse effects, particularly people having seizures, than the clinical data indicated. A GW spokesman said on Tuesday that that was not the case.

The company points out that the drug is still a Prescription Only Medicine, so doctors should consult with the patient before prescribing it and weigh up the benefits against the potential for adverse events for each patient.

"All product literature, including the patient information leaflet, notes that seizures can occur as a rare side effect of taking Zyban," says GW. The risk of seizure associated with Zyban is about one in 1,000 (0.1 per cent). "This is similar or less than that associated with other commonly-used drugs such as anti-depressants."

An article in last Thursday's *Daily Mail* reported that an ambulance driver had crashed while having a seizure after taking Zyban. *The Daily Telegraph* said that the Wythenshaw Hospital, Manchester, "was witnessing a considerably higher rate" than one in a 1,000.

It is difficult to say how many people in the UK have used Zyban, although GW estimates the figure could be higher than 100,000 people. "There's nothing additional in the reports that would indicate anything other than what we would see in the clinical trials data and ongoing monitoring," commented the company spokesman.

The Medicines Control Agency said on Tuesday that, as of October 19, there had been 862 UK reports relating to 2,085 suspected adverse reactions, including 29 seizures. The majority of the reactions are well recognised and listed in the product information.

It is also important to note that these cases may relate to other factors, such as nicotine withdrawal, other illness or medicines taken concurrently, it says.

"At the present time, the MCA has not identified any new safety issues but, as with all new drugs, Zyban will be intensively monitored for its first two years on the market. The MCA will be reminding prescribers through the next issue of *Current problems in pharmacovigilance* to read the summary of product characteristics carefully before prescribing Zyban," it adds.

# Accurate contractor fraud figures due in January

Accurate figures reflecting the amount of fraud pharmacy contractors perpetrate against the NHS are expected in January.

Director of Counter Fraud Services Jim Gee told *C&D* last week that his unit's role was not just to react to fraud but to design it out of the system. A ten-year plan is in place which, once applied to the whole of the NHS, could tackle levels of fraud which estimates put currently at between £1-2 billion.

Figures published in January will show the size of pharmacist contractor fraud, being accurate to  $\pm 0.6$  per cent, and highlight what sort of scams contractors get up to. Mr Gee was reluctant to say what the preliminary findings were, preferring to save comments until the facts are published.

Following similar research, the unit has been able to demonstrate a fall in patient prescription fraud from £117 million to £69 million. Mr Gee expects this figure to fall further with the point of dispensing checks.

He is grateful for the support of pharmacists in implementing them. "Pharmacists have led the way in working together. We have built on support in that area. It's a good example of how we can work together," he said.

PoD teams will be visiting pharmacies to reinforce the message of the value of PoD checks and provide display

material. They will also be testing staff with prescription forms to see how PoD checks are carried out in pharmacies. He stressed that PoD checks would not stop people from getting medicines to which they are entitled, and the unit has 150 patient groups supporting it.

Mr Gee announced that the pharmacy reward scheme, whereby contractors receive a reward for uncovering fraud, will be modified so that contractors have longer to report suspected fraud in order to claim the reward.

There is also a new pharmaceutical

fraud team working with the Prescription Pricing Authority in Newcastle, and eight regional teams. The unit has just gone into partnership with Wales which will have its own team.

The unit is cost effective - its first year's costs were £4m compared to preventing fraud worth £46m. Next summer, the unit hopes to start looking at the area of NHS payments.

The work will go right across the board in primary and secondary care, stressed Mr Gee.

## Pharmacist becomes a fraud specialist

Dick Hazlehurst has become the first pharmacist to be accredited as a counter fraud specialist.

Mr Hazlehurst helped set up the NHS Counter Fraud unit as part of the fraud scrutiny group, and says it was a logical extension to become a member of what is seen as a new profession, that of accredited counter fraud specialists.

Speaking of the new profession, director of counter fraud services, Jim Gee, said: "We have tried to bring together a knowledge of the clinical areas with the counter fraud skills. It's rare to get [both skills] in one person."

The certificate presented to Mr Hazlehurst last Thursday recognises achievement in the first stage of a training process which aims to change the image of counter fraud specialists away from that of the undercover detective in a rain coat type to that of

intelligent, highly professional people.

Mr Hazlehurst, who is also secretary of Bradford LPC and retains an interest in a community pharmacy, will continue to contribute to the work of the Counter Fraud unit in an advisory capacity.



**Pharmacist Dick Hazlehurst (left) receives his Accredited Counter Fraud Specialist certificate from Jim Gee,**

## Zyban given boost by DoH

The DoH has written to chief executives to remind them that health authorities have no powers to prevent GP's from prescribing Zyban on the NHS.

"GPs must prescribe Zyban using their clinical judgement and in conjunction with support services," a DoH spokesman said last week.

The funds that are allocated to health authorities make allowances for the introduction of new medicines that may increase the drugs bill. So far the effectiveness of Zyban has only been demonstrated in combination with motivational support.

GPs may be waiting for smoking cessation services to be set up in their area before agreeing to supply the drug, suggested the DoH. All health authorities have been asked to set up smoking cessation services.

Guidance to health professionals on the use of nicotine replacement therapy will be available from NICE by 2001 according to the recent NHS Plan.

## Pharmacists given chance to 'bone up'

Pharmacists are being trained on bone health and osteoporosis as part of Pharmacy Alliance's scheme to introduce a bone health programme in 30 independent pharmacies.

Some 35 pharmacists in Hinckley, Wallingford, Stoke and Croydon are attending the two and half hours session, which includes a therapeutic

update, details about the bone health programme and workshops on management practice. The training has been developed in line with the National Osteoporosis Society's guidelines on calcium intake.

The programme will identify post-menopausal women who have a moderate or greater risk of osteoporosis.

## Doctors told to ask elderly about OTCs

Doctors are being reminded to ask elderly people if they are taking OTC medicines. An article in this month's *Journal of the Royal College of Physicians of London* warns that patients and doctors often overlook non-prescription medicines when discussing medication history.

"This has serious potential for identifying adverse drug reactions and

drug-drug interactions, which are more common in elderly people," writes Nina Barnett, elderly-care pharmacist, Michael Denham, honorary consultant physician, Northwick Park Hospital and Sally-Anne Francis, lecturer, London School of Pharmacy.

They point out that elderly people are the largest group of consumers of prescribed and OTC medicines.



## Going with the electronic flow

This month, approval has been given to practices that have gone completely electronic with their medical records. In reality this just makes official what has been happening for some time in many practices.

Although this might seem a little late in the day, it is a symptom of how computer technology is treated within the NHS, where we have lagged behind industry in utilising the IT revolution.

There are many issues still to be tackled. Cost is certainly one but at least the Government is now funding connections to the NHSnet for GPs. Married with this rolling out of the NHSnet is the realisation that the majority of GPs now have on-line experience and access.

So the seeds have been sown, and without doubt there will be an explo-

**"The holy grail will be the electronic availability of medical records"**

sion in the growth of electronic technologies within general practice over the next few years. The holy grail will be the electronic availability of medical records over the NHSnet.

The ability of primary and secondary care to access patient records around the clock would be a colossal breakthrough in patient care. No more missing records, no more information lost in a sea of paper, and instant access to patient records: it is a marvellous concept! Instant transfer of medical records when a patient changes doctor would be another breakthrough.

There are several hurdles to jump before this goal is reached. It will be an expensive option to follow, security issues will have to be looked at and staff training will add to the cost.

The possibilities of audit, research and education from such a massive database are also enormous and other spin-offs are possible. Moves are afoot to allow the sending of prescriptions electronically from GPs to pharmacists.

There is enthusiasm from all sides for an electronic future but the path forward will be difficult. However, there is a feeling - in GP circles at least - that the NHS is at the start of an IT revolution which will have a profound effect on patient care and on the way we work.

*Dr Harry Brown is a GP practising in Seacroft, Leeds*

# Xrayser

## Topical Reflections

## The sooner retailing is exorcised the better!

The spur for the Chanin's new concept pharmacy (C&D October 21 p6) is their conviction that traditional pharmacy has a poor future. This opinion was supported from an unexpected quarter in the same issue of C&D in a 'Business in Focus' feature where a well-frequented and well-merchandised village pharmacy with an apparently captive audience is still unable to sell its traditional toiletry lines owing to competition from distant supermarkets.

The advice from John Kerry to the village pharmacy is to think of reducing its floor area and using the released space for a separate retail venture, or even to sub-let it entirely. But the alternative might be to look to the Chanin's example.

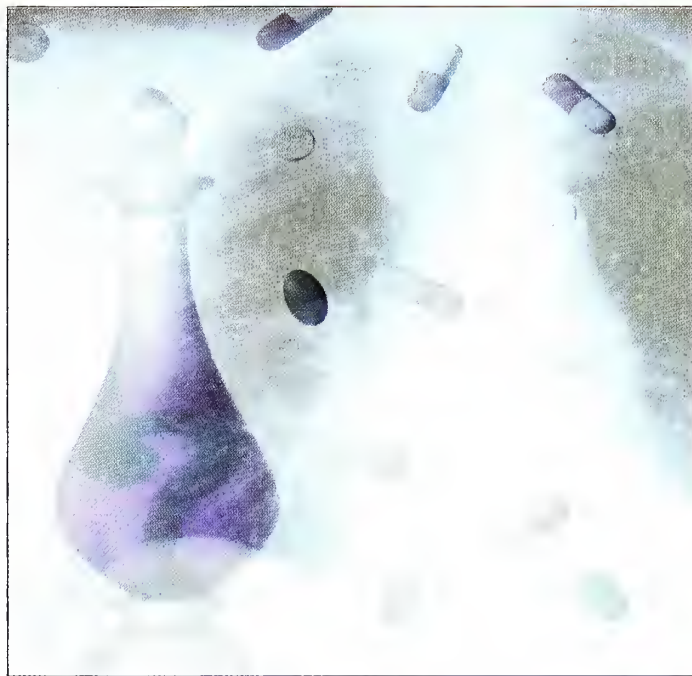
Most independent community pharmacies are facing the dilemma of reducing front shop returns. While more efficient buying, merchandising and promotions may stem the tide, I cannot see these long term trends being easily reversed.

Public perception of the community pharmacist's role is changing and that is as much a function of our own successful public relations machinery as the competitive nature of the retail market.

At last the public are beginning to see pharmacists as providing professional health services from high street premises and they increasingly see our non-medical retail trade as anachronistic to that image. They not only prefer to buy toiletries in supermarkets but they cannot see why we persist in selling them!

The inexorable logic that has driven the Chanins to realise their vision is probably a lesson for the future of many independent pharmacies. In the future, professional services will be the driving force behind successful practice.

The quicker the pain of retail is exorcised in favour of developing alternative professional revenue streams, the quicker will we reap the reward of satisfying public expectation.



## A sniff of cynicism about decongestants

The three principle decongestants in cold remedies are pseudoephedrine, phenylpropanolamine and phenylephrine. Of these, the first two are Pharmacy medicines and the latter GSL, so when Warner-Lambert Consumer Healthcare launched its new cold relief preparation, Sudafed Dual Relief, it was not too difficult to guess which decongestant was used!

Phenylephrine now seems to be the industry drug of choice and, cynic that I am, I suspect that its use is more to do with its unrestricted 'GSL' status than its superiority as a decongestant.

When recommending cold relief products I always recommend Pharmacy medicines since I believe they are therapeutically superior to their GSL counterparts. Even if they are only comparable, they are, at least, only available for sale from pharmacies.

But we live in a period when 'evidence-based medicine' are buzzwords and so far I have had no evidence to support my choice. However, all this should now change because to support their TV launch for Sudafed Dual Relief, Warner-Lambert has produced a CD-Rom training package for me and the girls.

At last I should learn whether my opinions of pharmaceutical industry

motivation are indeed born of cynicism or whether they are fully justified by the presented evidence!

## Time the WMA got real about what is meant by diagnosis

I know I cannot legally diagnose, but it was nice of the World Medical Association to remind me (C&D October 21 p6). However, I am surprised they have chosen this moment to restate the position.

In the UK the lines of demarcation between health professionals are now more blurred than ever before. Patients expect me to diagnose in the same way as they expect the nurse, chiropract and osteopath to do likewise.

They trust each professional to know the limits of their expertise and offer the correct advice. Whether that advice involves diagnosis, treatment or referral is irrelevant as long as the best health outcome is the result.

The reality of a health service ever more interdependent on all its constituent professions is that diagnosis, or at least a considered opinion as to the cause of the problem, is a tool to a common end. I would have preferred that the WMA had preached conciliation rather than repeating its entrenched views.



## More advice points for Glasgow pharmacies

Greater Glasgow Health Board has approved the installation of health advice points in 15 more community pharmacies, using resources from the drug action team.

The main aim is to create semi-private consultation areas, which can be used to supervise methadone consumption and facilitate needle and syringe exchange. The areas can also be used to provide health promotion advice or discuss medicines-related issues.

The project started in 1998 with practice improvements in 12 pharmacies, funded by a local primary care development scheme. In 1999 the drug action team approved funding for improvements in another 12.

By March 2001, almost 20 per cent of pharmacies in Greater Glasgow will have an advice area approved by the health board. The customised advice points have a corporate design, while addressing the needs of each individual pharmacy. Some pharmacies have



An example of the health advice point

had significant upgrades while others have just needed minor changes.

About £100,000 has been invested in the project so far. A further £100,000 will be available through the Scottish Executive for similar developments in Glasgow pharmacies.

## Bach flowers exert placebo effect

Bach flower remedies are no better than placebo, Professor Edzard Ernst, director at the Department of Complementary Medicine at the University of Exeter has said.

Writing in Monday's *Daily Telegraph*, Professor Ernst said that two studies found that the five-flower remedy or 'rescue remedy' was no better than placebo in helping students overcome exam anxiety.

Although the study conducted at Exeter was based only on evaluations of 45 students out of the 100 recruited, the results were "conclusive". "Five flower remedy is not an effective treatment for examination stress," he said.

A similar trial carried out in Germany with 61 students found that those given the rescue remedy and those given the placebo responded positively, but there was no difference in response between the two groups.

The authors concluded: "Flower remedies are an effective placebo for test anxiety which do not have a specific effect".

Professor Ernst points out that flower remedies are not marketed as medicines so there is no obligation for manufacturers to back up claims. Flower remedies are made by putting flowers in a bowl of spring water and left in the sun to 'energise' the water, he said. This is then preserved with brandy.

Professor Ernst's article was given as

an expert's view against an article in which a journalist, Verity Owen, had had a sitting with a flower remedy practitioner who had used a crystal on a silver thread to "diagnose" her condition.

She said she was told "not to expect immediate results, as the flowers are thought to work gently, and can take many weeks, if not months to work".

## Targets for better child health

The Government will be introducing new child health targets next year and is launching a nationwide consultation to determine which factors should be considered.

The targets, which aim to reduce inequalities and will set standards across the NHS, may include action on infant mortality rates, low birth weights or emergency hospital admissions for accidents or serious illnesses.

Public Health Minister Yvette Cooper said last week: "Although for most people health is improving, health experts now have serious concerns that a lack of exercise and poor diets among many children and young people could have damaging health effects in later life. In fact, if current trends continue, there is a risk that the increase in life expectancy we have seen in recent years could be lost for some of the next generation."

## Joining together to spread the word

Beverley Parkin, the Royal Pharmaceutical Society's director of public affairs, says the party conference season proved pharmacy organisations can work together to put across a joint message. And with 'Pharmacy in the Future' they will need to do so again

Over the past few weeks, hard on the heels of the publication of the Government's strategy for pharmacy, pharmacists have been well represented at the annual round of political conferences. The Society, NPA, PSNC and CCA jointly held receptions at all three main party conferences. This allows legislators, policy makers and politicians at national and local level to interact directly with pharmacists and pharmacy policy experts.



Beverley Parkin

At the Labour Party conference, we also took an exhibition stand with a generic pharmacy theme. We made sure that we provided a clear message, and that the staff who worked on the stand displayed the professionalism which is evident in community and hospital pharmacies throughout the country. Our stand won a prize presented by the Prime Minister and Mrs Blair. This gave us an opportunity to press home the important messages about pharmacy services.

Now that the conference season is over, we should expect a higher level of political activity at Westminster, as well as in Cardiff and Edinburgh. In Scotland Susan Deacon, Scotland's Health Minister, has had a rough ride recently but is beginning to take the Scottish Health Service in a different direction from that in England and in Wales. In Wales, First Secretary Rhodri Morgan, once a shadow health spokesman for Labour at Westminster, has agreed a new coalition arrangement with the Welsh Liberal Democrats which, if approved, offers new policy directions on health. Key among the proposals in Wales is a plan to freeze prescription charges and abolish them completely for 18 to 25 year olds.

At Westminster, the Government is concerned that it will not be able to get through all its legislative proposals from last year before a theoretical deadline in a few weeks' time. It seems likely, therefore, that this year's Queen's Speech, announcing new legislation, may be delayed. Consequently, government departments are looking to fill the gap created by this policy slowdown. This may provide some breathing space for the Department of Health to progress the first stages of the NHS pharmacy strategy.

The Society is looking in detail at the various elements of the strategy and other bodies representing pharmacists' interests are doing the same. There will be many areas where we are in agreement and where the profession will present a united view to the Government on the best way of implementing its proposals. In other areas, a single body may be better positioned to take the lead.

In her British Pharmaceutical Conference speech last month, the Society's president noted that change means uncertainty and that some pharmacists could feel vulnerable and anxious. She was clear in her recognition that the Society has a responsibility to help those members deal with the challenge of change and identify solutions to problems. The president also urged the other organisations representing pharmacy and pharmacists to engage constructively in the process of change.



ON TV

# THE BEST SELLING TOPICAL PAINKILLER HAS JUST PUT ON EVEN MORE MUSCLE



ibuprofen

## NEW IBULEVE MAXIMUM STRENGTH

For backache, rheumatic and muscular pain, sprains and strains  
and pain relief in common arthritic conditions.

IBULEVE Trademark and Product Licence held by Diomed Developments Ltd, Hitchin, Herts, SG4 7QR, UK. Distributed by TPO Ltd, 94 Rickmansworth Road, Watlington, Oxon, WD18 8QZ, UK.  
**Directions:** Lightly apply 2 to 5 cm of gel (50 to 125 mg ibuprofen) to the affected area. Massage gently until absorbed. Wash hands after use. Repeat as required from two to three times daily.  
**Indications:** For the relief of backache, rheumatic and muscular pain, sprains and strains. Ibuleve Maximum Strength Gel is also for pain relief in non-infectious arthritic conditions.  
**Contra-indications:** Not to be used if allergic to any of the ingredients, or in cases of hypersensitivity to aspirin, ibuprofen or related painkillers (including when taken by mouth), especially where associated with a history of asthma, rhinitis or urticaria. Not to be used on broken or damaged skin. Not to be used during pregnancy or lactation. **Precautions:** Not recommended for children under 12 years without medical advice. If symptoms persist, consult a doctor or pharmacist about continued treatment. Patients with asthma, an active/peptic ulcer or a history of kidney problems should consult their doctor before use, as should patients already taking aspirin or other painkillers. Interactions with blood pressure lowering drugs may occur but is very unlikely. Keep away from the eyes, nose and mouth. Keep all medicines out of the reach of children. **FOR EXTERNAL USE ONLY.** Side-effects: In normal use, side-effects are very rare, but may occasionally include mainly allergic or localised skin reactions in susceptible individuals. **Legal Category:** [P] **Packs:** Tubes of 30 g (PL 0173/0176). RSP £4.95 (£4.21 exc. VAT).





# Script specials

## Keppra add-on for epilepsy

UCB Pharma is launching Keppra (levetiracetam), an adjunctive therapy for epilepsy, available from November 1.

Keppra is indicated in the treatment of partial onset seizures with or without secondary generalisation in patients with epilepsy. The initial dose is 500mg twice daily, which can be increased up to 1,500mg twice daily depending on clinical response and tolerance. Dose changes can be made in 500mg twice daily increments or decrements every two to four weeks.

Keppra is not recommended for

children under 16 years of age. Dosage should be reduced in renal impairment and severe hepatic impairment.

If discontinued, it should be withdrawn gradually in decrements of 500mg twice daily every two to four weeks. There are insufficient data for the withdrawal of concomitant anti-epileptic drugs once seizure control with levetiracetam in the add-on situation has been reached, in order to reach monotherapy. An increase in seizure frequency of more than 25 per cent has been reported in 14 and 26 per

cent of Keppra and placebo-treated patients, respectively. There are currently no known important drug interactions for Keppra.

Most common reported undesirable effects are somnolence, asthenia and dizziness. Common effects include anorexia, dyspepsia, depression, rash and double vision. Basic NHS prices are: 250mg x 60 tablets - £27; 500mg x 60 tablets - £49.50; and 1,000mg x 60 tablets - £94.50.

**UCB Pharma Ltd.**  
**Tel: 01923 211811.**

### MEDICAL MATTERS

## OTC decongestant linked to stroke

An advisory committee to the US Food and Drug Administration has suggested that OTC phenylpropanolamine (PPA) is linked to an increased risk of stroke.

Researchers at Yale University studied over 2,000 adults aged up to 49 over five years, including 702 individuals who were hospitalised following a stroke. Results showed that those who had used a PPA-containing cough or cold remedy were about 23 per cent more likely to have a stroke.

The maximum OTC daily dose of the drug in the US is 150mg, 50mg higher than the UK maximum of 100mg. PPA is also contained in appetite suppressants and hayfever products in the US. The FDA has yet to take any action.

An independent review was carried out in the UK in June by Dr Robin Cregeen, a consultant in pharmaceutical medicine. He said: "There are no new data that would alter the conclusion drawn in 1996, that one cannot conclude from the available data that PPA, at therapeutic doses approved in the UK, used as a nasal decongestant for short periods and within labelling instructions, is associated with stroke."

However, it has been recognised for some time that an overdose of PPA can increase blood pressure, which increases the risk of a stroke.

The MCA reviewed PPA in 1985, when the maximum daily dose was reduced to 100mg, and in unit doses to 25mg, or 50mg for a slow release product. A further safety review was completed in 1998. Since this review there has been no change in the safety profile of PPA in the UK.

## NICE guide on secondary MI prophylaxis

The National Institute for Clinical Excellence has issued the final draft of its guidelines on secondary prophylaxis of myocardial infarction.

Recommendations for primary care management cover drug treatment, cardiac rehabilitation and dietary manipulation.

The guidelines recommend that patients should receive long-term treatment, firstly with a beta-blocker and aspirin, and then a statin and an ACE inhibitor. Beta-blockers, aspirin and ACE inhibitors should be initiated while the patient is in hospital.

If this does not happen, GPs should initiate them as soon after discharge as possible. Patients discharged from hospital and not taking a statin should be assessed and start treatment 12 weeks after the original myocardial infarction.

For patients with diabetes, insulin therapy should be initiated soon after admission, to reduce mortality. Therapy should consist of four daily injections for a period of at least three months.

Patients with heart failure should be treated long term with an ACE inhibitor and then a beta-blocker. They should also be given aspirin. Those with moderate or severe heart failure should be treated with spironolactone. Patients are likely to continue to need symptomatic treatment with a loop diuretic. Statin use should be influenced by clinical and practical considerations.

ACE inhibitors should be initiated for patients with heart failure while in hospital. If not, treatment should be initiated as soon after discharge as possible. Beta-blockers can be initiated at any point, starting with a low dose and slowly increasing. It is unclear if this

can be done safely in primary care. Spironolactone can also be initiated at any point. In patients with moderate to severe symptoms, spironolactone can be considered before beta-blockers.

All patients should be offered a rehabilitation programme with a prominent exercise component. NICE suggests it is impossible to recommend specific dietary manipulation. The consultation period will last until November 21.

## Anti-lipid drugs cut CHD by 30pc

Lipid-lowering drugs reduce the odds of coronary heart disease events and mortality by about 30 per cent, but their effect on 'all cause' mortality is not significant.

A meta-analysis performed on four primary prevention trials estimated the effect of lipid-lowering drugs on the incidence of CHD events and mortality, and on 'all cause' mortality.

Patients in the study, which was published in the *British Medical Journal*, were mainly middle-aged men of European descent who had been treated for five to seven years.

The failure of drug treatment to reduce 'all cause' mortality in primary prevention is probably due to the generally low risk of mortality in the population, rather than some adverse effect of lipid-lowering drugs.

Trials with longer follow-up periods (five to 10 years) are necessary to assess the effects of these drugs on 'all cause' mortality in relatively low risk patients. Future research should include women and people of non-European origin.

## Nicorette 4mg Gum

### Abbreviated Prescribing Information.

**Presentation:** Nicorette 4mg gum contains 4mg of nicotine in a chewing gum base. Original or mint flavour.

**Indications:** Nicorette 4mg Gum is for the relief of nicotine withdrawal symptoms as an aid to smoking cessation.

**Dosage & Administration:** Each piece should be chewed slowly for 30 minutes. After 3 months ad libitum dosage, Nicorette gum should be gradually withdrawn. Maximum recommended daily dose: Nicorette 4mg gum: 15 x 4mg pieces. Not to be used by people under age 18.

**Precautions:** Peptic ulcer, angina pectoris, recent myocardial infarction, serious cardiac arrhythmias, systemic hypertension, gastritis.

**Contra-indications:** Pregnancy & Lactation.

**Special Warnings:** Rarely dependence.

**Adverse Effects:** Occasional hiccups, indigestion, hyper-salivation, throat irritation, allergy, mouth ulcers.

**Pharmaceutical Precautions:** Store below 25°C.

**Legal Category:** [P].

**Package Quantities & Cost** (all trade prices correct at time of printing): boxes of 15 pieces, 30 pieces and 105 pieces, in blister strips of 15 pieces. Nicorette 4mg gum (PL0032/0249) (£2.11) (15), (£3.99) (30), (£10.83) (105).

**PL Holders:** Pharmacia & Upjohn Limited, Davy Avenue, Milton Keynes, MK5 8PH.  
Tel. 01908 661101.

**Date of preparation:** September 2000.

**REFERENCES:** 1. Fagerström KO, Sachs DPL. Medical management of tobacco dependence: a critical review of nicotine skin patches. *Curr Pulmonology* 1995; 16: 223-38.  
2. Tang JL et al. *BMJ* 1994; 308: 21-6.

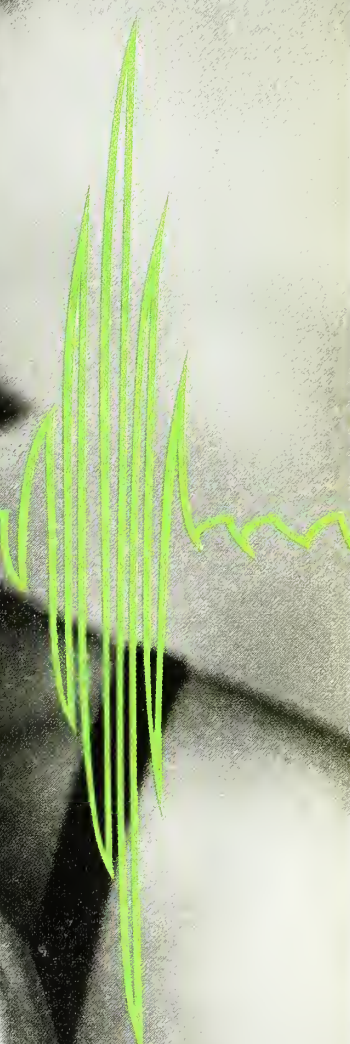
**NICORETTE®**





⌚ I NEED HELP

⌚ I'M IN CONTROL.



www.nicorette.co.uk



Studies show relapse is most likely to happen in the afternoon and early evening! And for heavy smokers, these are the times they need help most. Nicorette 4mg Gum is proven to be most effective in those who smoke 20 or more cigarettes a day<sup>2</sup> and is ideal for smokers who want relief as and when cravings occur. So next time a heavy smoker needs powerful craving relief, recommend Nicorette 4mg Gum.

**NICORETTE<sup>®</sup>**  
**4mg Gum**  
contains nicotine  
POWERFUL CRAVING RELIEF WHEN THEY NEED IT





# Counterpoints



## Mastic gum supplement for UK digestion

Mastic Gum Europe is introducing a new dietary supplement from a European range of mastic gum products. Mastika contains mastic gum – a natural resin from the leaves of the Pistacia lentiscus tree which grows in the Greek Islands.

Researchers at Nottingham University have found that mastic gum can help eliminate the *Helicobacter pylori* bacterium, which lives in the stomach and is implicated in the development of a number of digestive complaints.

Users are recommended to take four capsules before bed for two weeks or two capsules daily as a maintenance dose.

The product retails at £19.95 for 120 capsules.

**Mastic Gum Europe Ltd.**  
Tel: 0870 740 3850.

## Florisene helps restore lost tresses

Lamberts Healthcare is launching a nutritional supplement designed to help women affected by hair loss.

Florisene has been formulated by a trichologist and is exclusive to pharmacy and accredited practitioners.

Chronic telogen effluvium (CTE) is the most common reason for hair loss in females. In women of menstruating age, the primary cause of CTE is a low serum ferritin level.

The supplement is designed to restore iron levels above a 'trigger point' to help reduce excess hair shedding.

It contains 24mg of iron (as ferrous glycine sulphate), 24mg of vitamin C, 3mg of vitamin B12 and 500mg of the amino acid Lysine to help facilitate uptake of iron.

Initially, the supplement should be taken at a dosage of one tablet three times a day for up to six months, or until excessive hair shedding ceases.

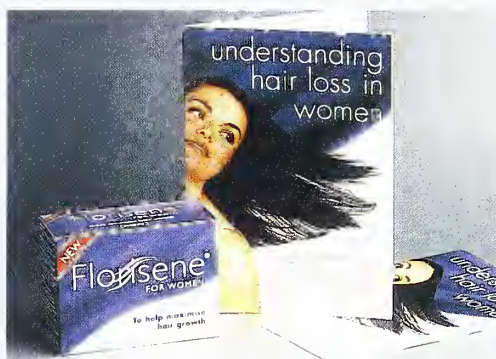
For maintenance purposes, one tablet daily should be taken, although women who have heavy periods or who eat little or no red meat may need a dose of two tablets daily.

The brand will be supported by a £1 million promotional package that includes training for pharmacy staff and targeted mailings to GP practices and trichology centres.

PoS material includes showcards, giant dummy packs, posters and dispensers for consumer leaflets.

Retail price is £14.95 for 90 tablets.

**Lamberts Healthcare (div of Peter Black Healthcare).**  
Tel: 01892 554313.



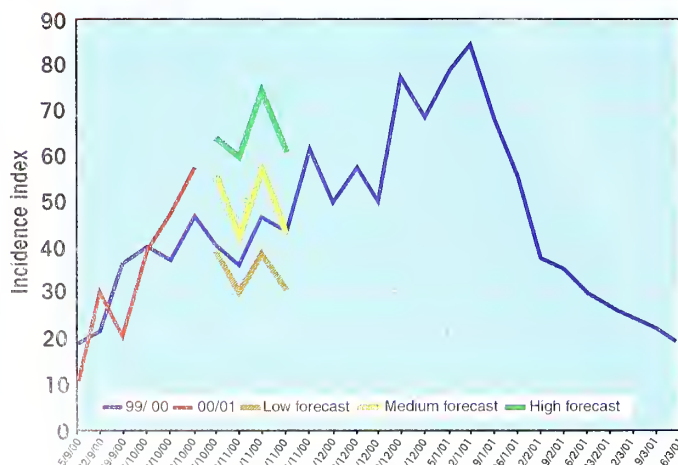
## Cough, cold & flu FORECAST

Information updated weekly by SDI

SPONSORED BY



United Kingdom	Status level	Number of weeks on status	Season 2000/2001 projected population affected by respiratory illness	2000/2001 vs. 1999/2000 cumulative season-to-date % difference
BIRMINGHAM	Advisory	2 weeks	183,354	13.09%
BRISTOL	Advisory	2 weeks	50,800	22.22%
GLASGOW	Normal	6 weeks	19,496	-24.65%
LEEDS	Advisory	3 weeks	132,274	31.51%
LONDON	Advisory	2 weeks	730,150	-6.37%
MANCHESTER	Advisory	2 weeks	240,273	19.72%
NEWCASTLE	Advisory	2 weeks	14,635	4.21%
NORWICH	Advisory	3 weeks	10,834	11.97%



## Now it's a family affair with Veno's!

SmithKline Beecham is supporting its Beechams Veno's with the brand's first dedicated advertising campaign for five years.

A £500,000 national press campaign will run until January to ensure support for the brand throughout the cough, cold and flu season.

Three advertisements show 'feel-good' family scenes, each highlighting one of the three variants – for dry, tickly and chesty coughs.

The campaign demonstrates the



brand's ability to meet the entire family's needs. Children feature strongly to stress Veno's suitability for children.  
**SmithKline Beecham Consumer Healthcare.**  
Tel: 020 8560 5151.

## Benylin combats coughs on TV

Warner Lambert will support its Benylin brand with a £2.5 million advertising campaign this winter. The three-month campaign will start on November 3. A TV commercial features army recruits lined up for a medical.

In the commercial, an army doctor and sergeant major ask each soldier to cough. One recruit is unable to cough because he has taken Benylin. The strapline is: 'Benylin can stop a persistent cough whether you want it to or not.'

PoS material to complement the TV campaign includes shelf edgers,

window displays and counter units.  
**Warner Lambert Consumer Healthcare.**  
Tel: 023 8064 1400.





## Lady Jayne has it all up top

Cork International is relaunching its Lady Jayne hair accessory range which is only sold in pharmacies.

The range has been streamlined from 180 products to 86 hair accessories, styling products, brushes and combs.

Rotational fashion lines are being introduced from this autumn/winter. Hair accessories include clips, slides, crystal and shell side combs, claw clips, hair band, pony-tailers and scrunchies.

Eye-catching blue packaging has been introduced for the standard range which now features re-usable hairnet bags and pin boxes. For the first time, styling tips are featured on the packaging for brushes and combs.

The rotational fashion lines are differentiated from the standard range by silver packaging.

New face of Lady Jayne' header cards are available for the two existing PoS spinner stands.

Retail prices range from £0.85 to £3.99.

**Cork International.**  
**Tel: 0115 978 4271.**



## Mavala is right on the nail

Mavala is introducing a nail treatment gift pack for the festive season.

An elegant white pochette with black trim contains Mavala's Scientifique nail strengthener, 002 basecoat, Colorfix, nail polish remover pads, emery boards and cuticle sticks.

Retail price is £13.50.

**Mavala UK Ltd.**  
**Tel: 01732 459412.**



## Promise of the neem tree for natural cures

NeemCo, which is a subsidiary of Bioforce, is launching a range of products which are based on extracts from the Indian Neem tree.

The NeemCare range comprises five natural bodycare products that contain Neem leaf, seed or oil extracts.

NeemCare Riddance is a herbal shampoo containing Neem seed extract which is claimed to help treat head lice, killing the eggs as well as the lice.



NeemCare Shampoo is a deep-cleansing shampoo which contains extracts of Neem leaf. Its anti-inflammatory and anti-fungal properties are said to be helpful for an itchy, irritated scalp and dandruff.

NeemCare Conditioner contains Neem oil to help act as a repellent to head lice.

NeemCare Oil contains 10 per cent cold-pressed Neem oil in a sweet almond base with essential oils.

It can be used on spots and blemishes, fungal infections such as athlete's foot and as a natural antiseptic.

NeemCare Cream contains Neem leaf extract which has traditionally been used to help eczema and psoriasis and for use on spots and blemishes.

Retail prices range from £3.95 for the cream to £5.95 for Riddance.

**Bioforce UK Ltd.**  
**Tel: 01294 277344.**

## Freshen up while you are on the move

Periproductions is introducing a smaller size of its Retardex oral rinse to encourage customers to try the product.

The new 250ml bottle includes a sachet containing mint flavouring, giving consumers the option to add this to the rinse.

The dispensing cap is specially designed for portable ease of use, enabling people to freshen their mouths anytime during the day.

Retardex is formulated to treat oral hygiene problems and severe cases of bad breath as well as removing the effect of substances such as coffee and cigarettes. The product is already available in a 500ml size.

A national press advertising campaign will support the launch.

Retail price is £4.99.

**The Miles Group.**  
**Tel: 01484 850 707.**



## Cara range offers reliable protection and comfort with value for money

Vernon-Carus is launching a new value-for-money range of feminine hygiene products.

The Cara range includes Regular and Super Towels, Nighttime Towels, Pantyliners and Ultra Towels with wings in both Regular and Super sizes.

Designed to be comfortable to wear and offer reliable protection, the towels have soft covers with an absorbent core.

The Ultra Towels feature wrap-around wings to keep the towel securely in place and are individually wrapped for ease and discretion.

The eye-catching packaging is colour-coded by size.

Retail prices range from £0.49 to £0.99.

**Vernon-Carus Ltd.**  
**Tel: 01772 627855.**

## Tackling illness Head On

*Coughs and sneezes, as we all know, spread diseases and need to be caught in handkerchiefs – or at least paper tissues, but are your customers aware that bacteria and disease causing organisms can also be spread by surface contact?*



As well as supplying people with traditional cold and flu remedies you can also offer them help and advice on how to prevent the spread of germs in the home, especially important where vulnerable people like children or the elderly are concerned.

Dettol Liquid (contains Chloroxylenol) is versatile enough to be used for disinfecting surfaces and floors in the kitchen and bathroom, disinfecting toys, and wiping telephone receivers and door handles to help prevent the spread of infection around the home.

And for extra peace of mind Dettol Liquid can be added to the rinse cycle in the washing machine to disinfect towels, handkerchiefs, flannels and bedlinen.

Customers should also be advised to wash hands regularly using one of Dettol's Antibacterial moisturising handwashes or Dettol Bar Soap.

### Customer Support:

Dettol and Dettol have produced a consumer leaflet – 'Your Essential Guide to Protecting Your Family from Germs'. Leaflets can be displayed by till points or with product on shelf.

For further information please call Reckitt Benckiser: 0500 455456



**ABBREVIATED ESSENTIAL INFORMATION FOR DETTOL LIQUID**  
**Active Ingredients:** Chloroxylenol BP 4.82% w/v. Contains isopropyl alcohol.  
**Indications:** Medical – for cuts, bites, abrasions and insect stings. Personal hygiene – for dandruff, spots and pimples.  
**Supply Classification:** General Sales List.



## IN BRIEF

**Germoloids on the airwaves**

Bayer is supporting its Germoloids haemorrhoids brand with a \$500,000 national radio campaign during November/December. The radio commercial treats the subject of piles in a matter-of-fact way, with a touch of humour. The campaign is designed to take the embarrassment out of piles and encourage sufferers to seek help and treatment.

**Laser Health Care.**  
Tel: 01202 780558.

**Piles on the web**

Warner Lambert is launching a new web site to provide information about piles. Sponsored by Anusol, [www.pilesadvice.co.uk](http://www.pilesadvice.co.uk) has two sections – advice and support for consumers and more detailed information for health professionals, including pharmacists and midwives.

**Warner Lambert Consumer Healthcare.**

Tel: 023 8064 1400.

**Fragrance notes**

Tap fashion designer Vivienne Westwood has created her second fragrance. Libertine eau de parfum will be launched by Parfums Westwood in Harvey Nichols on November 15 and sold through selected department stores from December 4. It will retail at £25 (30ml) and £35 (50ml).

**Colourcare has designs on Christmas**

ColourCare is introducing a range of Christmas card and calendar designs for the festive season.

New-look Photo Greetings cards, showing a customer's own photo on the front and personal message inside are available in packs of five complete with envelopes (rsp.£5.99). There are four seasonal background designs.

Photo Greetings Calendars display a customer's photo and personal message against a choice of two background styles (rsp.£5.99).

A Photo Greetings promotional leaflet issued with all ColourCare photo wallets includes a 50p discount voucher. Orders must be placed by December 8 for pre-Christmas delivery.

● ColourCare is offering its Film to CD service to customers at £7.99 during the festive season – a saving of £2 on the usual recommended retail price. A discount voucher and leaflet promoting the offer will be included in all ColourCare photo wallets during November.

**ColourCare Ltd.**  
Tel: 01722 412202.

# Sudafed campaigns to get up our noses

Warner Lambert will be supporting its Sudafed decongestant range with its first ever TV campaign on air from November 6 until next February.

The commercial opens with a blurred view through two central viewpoints, which represent nostrils.

As Sudafed gets to work, these gradually begin to clear and the viewer can make out a pair of feet.

The commercial also introduces Sudafed Dual Relief for congestion and sinus pain.

The TV advertising is part of a £3 million campaign that will also include national posters.

The campaign is supported

with PoS material including counter units, shelf edgers and window cards.

**Warner Lambert Consumer Healthcare.**  
Tel: 023 8064 1400.



## Flying the Jolly Roger for bathtime fun for kids

Sara Lee is relaunching its children's Matey bathcare range. The range now incorporates four fun bubble bath characters – new Sailor Matey, MerMatey, Doc-Topus and Lucky Matey.

It also includes Matey Funwash in a colourful starfish-shaped container, Mild & Gentle Shampoo with a no tangles formula and Anti-bacterial Handwash in a pump dispenser.

The formulations have been improved to be kinder to sensitive skin. The products are suitable for use from one year.

The range will be advertised on Cartoon Network from October 30 until December 31. The campaign will include two animated commercials for kids based on Matey Adventures.

There will be two different

commercials aimed at mums to reinforce the brand's benefits.

A new website [www.matey.co.uk](http://www.matey.co.uk) features kid's games and competitions.

Retail prices range from £1.49 to £1.99.

**Sara Lee UK Ltd. (Household and Body Care).**  
Tel: 01753 523971.

## Ice patches for migraine pain relief

The Mentholum Company is launching a new product for sufferers of migraines and severe headaches next month.

Migraine Ice patches include a special technology which uses a water-based gel to give instant pain relief.

The patches are based on 'cooling therapy' where the application of cold compresses to an area of pain may help reduce the length and severity of the discomfort.

Retail price is £3.99 for a pack containing two large patches which can be cut to size and placed on the forehead, temples or back of the neck.

**Boehringer Trade Services.**  
Tel: 01344 741493.



## Winter boost for Red Kooga

Peter Black Healthcare is supporting its Red Kooga ginseng brand with a £500,000 advertising campaign throughout the busy winter selling period.

The new press campaign is designed to help consumers clearly identify the brand's distinctive identity.

The company plans to launch three

additional lines in the Red Kooga range, including an orange-flavoured effervescent formula, in December.

Plans are also underway for three additions and a new look for the Calcia range and eye-catching new livery for Natrasleep and Natracalm in 2001.

**Peter Black Healthcare Ltd.**  
Tel: 01283 228300.

## Sonic to electrify TV viewers

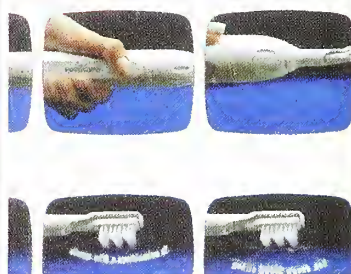
Sonicare electric toothbrushes will be advertised on TV for the first time in a regional campaign throughout November.

The four week campaign will run in the Carlton and Meridian areas on ITV and GMTV. It features a 'waves' commercial that focuses on the brushing qualities of the toothbrush.

Window display and support materials are available for pharmacies.

**Machco plc.**  
Tel: 020 8204 2224.

**sonicare**  
"WAVES"





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Some pharmacies will have been asked this month to take part in the latest discount inquiry. **John Jacquiss**, controller, commercial support at UniChem, explains what is involved and how to handle the financial consequences

# Discount clawback

**O**ver the past decade, the Department of Health investigation into pricing levels in the pharmaceutical industry has led to increasing levels of discount clawback. This is levied on pharmacy contractors regardless of whether they have benefited or not from discounts offered by wholesalers, generic suppliers or parallel importers.

The overall objective of discount clawback is to ensure that community pharmacists are only reimbursed the 'net acquisition costs' of purchasing their prescription drugs.

The annual discount enquiry is chaired by the Department of Health, with the Pharmaceutical Services Negotiating Committee (PSNC) representing contractor pharmacists. It reviews the level of discount available in the market place against Drug Tariff prices and determines the percentage that the government can clawback.

The government sets the amount of clawback by considering the average 'basket' price of drugs bought by contractors. This has traditionally been calculated by considering the weighted average of five wholesalers. The calculation is based on the list prices of the wholesalers who supply the drugs in question, and does not necessarily reflect market share.

The level of discount clawback has been increasing steadily over a number of years as the Prescription Pricing Authority has investigated the levels of discount available and the growth in generic drug prescribing.

The 1998 enquiry had a large impact on the average community pharmacy as it identified an estimated £49.5 million in overpayments to contractors. This was recovered between December 1998 and April 2000, to achieve a target level of clawback of 11.01 per cent.

The 1998 discount enquiry identified four areas which contributed to this overpayment:

- growth of generic prescribing
- increasing use PIs
- switch from Zantac to ranitidine



- the impact of buying groups giving larger discounts to a greater number of smaller contractors.

## How it works

Discount is recovered using a percentage of net ingredient cost, and is identified on a contractor's monthly reimbursement statement. There are six bands of pharmacy contractor, largely based on the number of scripts dispensed per month.

The new discount enquiry is under way and, against the background of the abolition of Schedule D and the capping of generic prices, pharmacists are looking for levels of clawback to fall to the target of 11.01 per cent.

This could, however, be affected by the enquiry team looking at whether further clawback should be imposed, given the ending of patents on both Innovace and Prozac and the introduction of the generic enalapril and fluoxetine.

Regional variations in the UK are also evident in the levels of discount. The effect of the clawback in England and Wales is to reduce remuneration.

In Scotland, levels of discount are lower as remuneration is based on generics being taken as net of discount. With devolution in Scotland, however, there is the possibility that this position may be reversed.

In Northern Ireland clawback levels have not been renegotiated in

over five years, and although the system is identical to the mainland, clawback is between 1.5 and 2 per cent lower.

The 1998 discount enquiry led to the average contractor paying back around £6,000 for what is deemed excess profits. The reduction in reimbursement has meant payments of a further £4,000, resulting in an impact on gross margins of approximately 1 to 1.5 per cent.

In the event that the next enquiry results in additional clawback on enalapril and fluoxetine then the impact is estimated to be, on average, around £5,000 per contractor.

## Surviving the clawback

Additional pressures are constantly being placed on the cash flow of pharmacy businesses. The present interim payment system is unlikely to return to the pre-July 1999 position until September 2001 in England, and March 2001 in Wales.

The current pay settlement shows there is no let-up in the continual squeeze on margins from NHS business. The hearing into resale price maintenance is under way, and if it is abolished, it will impact on one of the most profitable part of many pharmacies.

These very real factors place a growing emphasis on the need for medium and long-term planning of

finance. The correct financial structure is a vital element of business planning and it is essential to ensure that any borrowings are properly allocated between overdraft and loan.

In the past, with higher profitability and more positive cash flow, it has been the practice to fund capital expenditure by overdrafts rather than through longer-term loans.

Now, however, thinner margins and greater NHS debt have led to overdraft levels being uncomfortable and hardcore borrowing has developed. This is expensive both in terms of interest rates and bank fees, even where it is possible to arrange such facilities.

It is far more cost-effective to look at restructuring these borrowings into medium and long-term loans where interest rates and fees are lower. This could provide fresh working capital for the business to allow for the monthly fluctuations in NHS reimbursement.

A further element to business planning is ensure daily control of stock levels. If levels exceed 10 per cent of annual turnover it is likely that there is scope for stock reduction, with benefits for cash flow and interest charges.

With nationwide distribution and twice-daily delivery, the wholesaler should act as the pharmacist's warehouse. Investing in an EPoS system which can provide immediate details of stock movement can also prevent unnecessary stockholding.

An important element of the clawback is based on the assumption that wholesalers are paid on 30 days, bringing pharmacies the maximum discount. To delay payment is therefore a false economy. The cost of delaying payment can equate to an annual interest rate in excess of 30 per cent.

Finally, with the extra vigilance of the PPA in checking prescriptions, it is worth checking that exempt scripts are properly signed. The £6 per item fee can soon mount up. The time involved in reclaiming wrongly deducted fees can create an unnecessary distraction from running the business.



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# One man and his pharmacy

**Donald Macarthur** provides an insight into the issues surrounding pharmacy in Germany and the Netherlands in this second feature of a series on the economy of pharmacy in Europe

**I**f there is one issue uniting most German pharmacists it seems to be preventing the emergence of pharmacy chains. Defying widespread predictions over the past decade, the so-called 'Fremd und Mehrbesitz' rule, which restricts ownership of German pharmacies to one outlet per pharmacist, remains intact.

As a result, multiples such as Boots, Lloyds or Moss do not exist. Mail order is specifically banned as are dispensing doctors.

## Local agreements

The principles of the country's comprehensive public healthcare system were laid down in 1883 by the 'Iron Chancellor' Otto von Bismarck.

These provided for agreements to be negotiated for each individual federal state (Länder) between the health insurance providers (GKV-statutory health insurance), the suppliers and the local pharmaceutical association (Landesapothekerverein).

The national association, the Deutscher Apotheker-Verband (DAV), brings together the 17 federal state pharmacy associations and represents the economic interests of pharmacy proprietors as well as fulfilling a lobbying role.

## Complex mark-ups

The manufacturer selling price (MSP) can be freely set, but the 'Arzneimittelpreisverordnung' (prices for medicines act), regulates distribution margins. The wholesalers then add a certain percentage mark-up, which changes inversely to the manufacturer's price and to which an upper limit applies.

At the pharmacy stage, a fixed mark-up is added to the hypothetical wholesale price (ie the manufacturer's price plus the maximum wholesaler mark-up).

Retail mark-ups decrease as the pharmacy buying price increases. There are 14 price bands in total, seven use a regressive percentage margin with a fixed cash mark-up for a narrow price range in between. It may look complicated, but the

intention is to ensure smooth progression across the bands and that the public price for any medicine is the same throughout Germany.

The last revision was made in July 1998, when the margin pharmacists could obtain was reduced at the top end to address concerns about disproportionately high pharmacy earnings from handling very high-priced products.

Between 1980 and 1998, any product priced to the pharmacy over DM70.30 attracted a 30 per cent mark-up. Critics pointed out that in one (extremely rare) case, a single pack of alglucerase, a treatment for Gaucher's disease, would yield a dispensing profit of DM17,250 (or £5,580)!

The new scheme applies to both prescribed products and those purchased for self-medication. In fact, the ethical/OTC split is far from clear-cut, with many non-prescription

## Germany at a glance

Pharmacy faculties	23
Annual graduates	1,867
Years of university education	4
Total registered pharmacists in workforce	52,221
Community pharmacists	45,465
Community pharmacies	22,640
Community pharmacy coverage	3,890 inhabitants/pharmacy 16 sq km/pharmacy

Source: adapted from PGEU database, 1999

medicines being prescribed and reimbursed under the GKV.

## Negative list

Treatments for certain ailments such as coughs and colds, stomach upsets and some laxatives have been included in a so-called negative list. Any items on the 'Negativliste', will not be reimbursed by the insurance

companies.

Germany's pharmacy law requires any wholesaler discount obtained by pharmacies to be passed on to the insurance funds. However, rather than periodically estimating this amount, the discount clawback is fixed at 5 per cent of the GKV drugs bill (including VAT at 16%).

Pharmacies are reimbursed by the





Fig.1 Pharmacy Margin structures in Germany

Wholesaler's selling price (DM)	Mark-up on WSP	Margin as % of public price (exc VAT)
<2.40	68%	40.5
2.41-2.63	DM1.63	-
2.64-7.60	62%	38.3
7.61-8.26	DM4.71	-
8.27-14.28	57%	36.3
14.29-16.96	DM8.14	-
16.97-23.75	48%	32.4
23.76-26.51	DM11.40	-
26.52-38.00	43%	30.1
38.01-44.16	DM16.34	-
44.17-57.00	37%	27.0
57.01-70.30	DM21.09	-
70.31-1063.81	30%	23.1
>1063.81	8.263% plus DM231.25	-

four main pharmacy data centres set up by the profession for this purpose, less the co-payments collected from patients (pack-size dependent fixed amounts of DM8, DM9 or DM10).

The majority of the data centres are owned by the local pharmacy associations, although some private ones have emerged recently. They are, in turn, reimbursed by the insurance funds.

## The Netherlands

Community pharmacy practice in the Netherlands has some similarities to the UK. There is strong competition from drugstores (which account for the majority of OTC sales) and from dispensing doctors.

Recent changes in Dutch law meant that, in principle, pharmacy chains could emerge, although Boots has recently announced that it is pulling out of dispensing medicines.

Several other multiples exist - including some with wholesaler affiliations such as Moss pharmacy.

The country was Europe's first testing ground for mail order delivery. Dutch pharmacies serve many more inhabitants and are much larger than their UK equivalents, however they are almost entirely dedicated to dispensing.

On average they will employ 1.5 pharmacists and six technicians. A pharmacist does not legally need to be present when medicines are sold

or dispensed.

Reimbursement is based on the medicine's acquisition cost, as listed in the Royal Dutch Association for the Advancement of Pharmacy's tariff (taxe), plus a fixed dispensing fee.

Since July 1998, the 'taxe' price has been adjusted to take into account a discount clawback of 6.82 per cent of reimbursable value (up to a maximum of £15/£4.30 per prescription and without a list of zero-discounted exceptions).

The dispensing fee, currently £11.85/£3.40 per item (excluding VAT), is reviewed annually by the Central Health Tariffs Authority and agreed by the government. The clawback figure is supposed to be valid until 2002.

## Generic name on Rx

Apart from the United Kingdom, the Netherlands is the only European

country in which a significant proportion of prescriptions are written for a generic drug without mention of a specific manufacturer or a brand.

As a stimulus to dispensing cheaper equivalent products, pharmacies can retain one-third of the price difference between what would have been reimbursed if the branded product had been supplied and the cost of the generic product actually dispensed. The remaining two-thirds saving goes to the insurance fund.

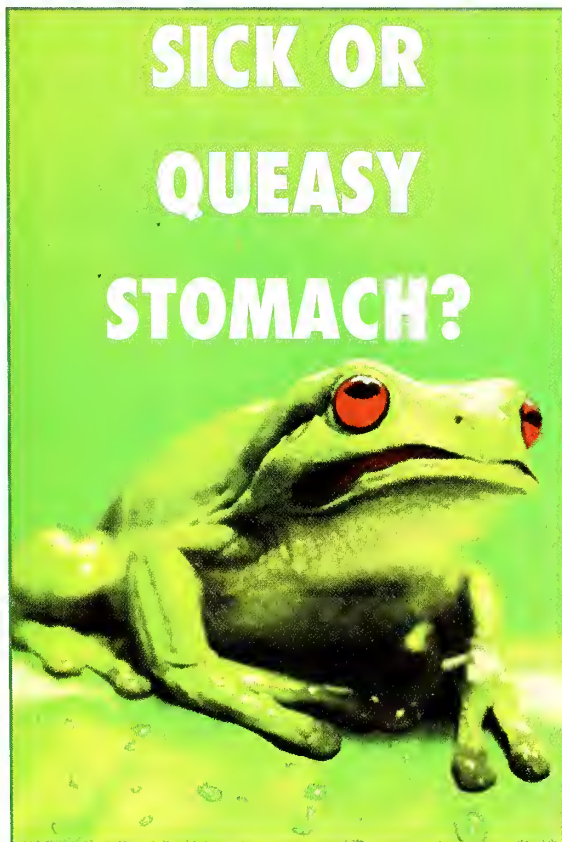
Generally speaking, generic substitution is allowed and parallel imports are even more widespread than in the UK.

Substitution is not seen as controversial amongst the medical community as local doctors and pharmacists meet regularly in pharmacotherapeutic discussion groups.

## Netherlands at a glance

Pharmacy facilities	2
Annual graduates	140
Years of university education	6
Total registered pharmacists in workforce	7,430
Community pharmacists	2,166
Community pharmacies	1,571
Community pharmacy coverage	10,400 inhabitants/pharmacy
	26 sq km/pharmacy

Source: adapted from PGEU database, 1999



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## Differing views on pharmacy finance

I read Mr Gush's recent letter about Pharmacy Partners (*C&D* September 30) with interest, because it reflects some of my own concerns on behalf of many hard working pharmacists.

It is clear from Mary Greene's response that the service has not really been developed with the best interests of pharmacists in mind. It is a premium priced service, which takes advantage of the valuable NHS debtor, which represents a long term foundation to any pharmacy business.

Taking Mary Greene's own example of releasing £71,000 from the payment cycle: if those funds were used in the development of a pharmacy then, at the point of exit from the scheme, the pharmacist would have a significant backlog to make up before any further payments were forthcoming from the NHS.

It is highly unlikely, at that stage, they would have any other alternative but to borrow those monies and fund them over a longer term. As highlighted by Mr Gush, staying in the scheme is a much more costly exercise than, say, borrowing long term under a wholesaler finance scheme.

The response clearly focuses on Pharmacy Partners' own selling points, ignoring any of the issues Mr Gush has highlighted. Whilst the Pharmacy Partners' service may not be 'a loan' in its strictest definition, it is, however, invoice discounting, (which some people call 'factoring') with

the backing of a government debtor.

In financial terms this is probably some of the strongest paper anyone could discount. The pricing of the service to pharmacists does not reflect this strength of supporting asset but, as Mary Greene indicates, is rather like financing ones business on a merchant credit card. This, of course, is not something that any forward thinking business person would seek to do, on a cost basis alone.

Before entering into any contract of this nature, I would support Mary Greene's recommendation to seek appropriate independent advice, from someone who fully understands the nature of financing for pharmacies and the likely impact of this high cost invoice discounting.

At UniChem Commercial Support, we aim to help all pharmacists find the right solution to financing their business, with a focus upon long-term success and profitability for the profession.

**John Jaquiss**  
Controller, commercial support, UniChem

## Consumers give the best kind of endorsement

Xrayser, in *C&D* October 14, reports that "the local health authority considers that all topical NSAIDs are ineffective". Presumably he is referring to his local HA, which would seem to be an example of the ubiquitous and iniquitous problem of postcode prescribing.

Coincidentally, also published on October 14, in the *British Medical Journal*, was a clinical review of the 'Medical Management of Osteoarthritis' in which it was stated that: "a recent meta-analysis (also in the *BMJ*) concluded that 65 per cent of patients allocated to active treatment with topical NSAIDs had a good response compared with only 30 per cent receiving placebo."

Having launched Ibuleve to pioneer topical NSAIDs as a major OTC category, and having steadfastly maintained pharmacy support and legal status, we are delighted now to extend the range with the new Ibuleve Maximum Strength.

It is, therefore, gratifying to have gained Xrayser's attention. I would urge him form judgements based on credible, scientific evidence, like carefully researched and statistically evaluated *BMJ* papers, hugely endorsed by what he has witnessed for himself - the massive demand for Ibuleve from millions of users whose regular purchases over ten years provide the best empirical evidence of how well it works for them.

**Michael Yarrow**  
Managing director, Diomed Developments Ltd

## Fond memories

I was shocked to hear of the untimely death of Ronnie McMullan. I have known Ronnie virtually from the time he joined the Central Services Agency as we worked together to devise short courses on the NHS pharmaceutical service for pharmacists and pre-registration graduates in

Northern Ireland.

Ronnie stood up well formally as a pharmacist. He looked for high standards of practice and constantly encouraged colleagues, and particularly younger pharmacists, to be committed to their chosen profession and proud of it.

Because of his position at the Agency, he never refused an opportunity to join training programmes or attend conferences if there was a chance to talk about the NHS Pharmaceutical Service in Northern Ireland. He was keenly interested in how the 'system' worked in England and Wales, and in Scotland, and how both compared with Northern Ireland.

Ronnie also stood up well informally as a pharmacist! He enjoyed life and he was never happier than when talking to people about his and their work and other

purely social things. He always made both friends and new acquaintances feel at ease even if he did not agree with them. He had an impish and irrepressible sense of humour which was quite spontaneous. He used this rare and special talent to combine formality and informality.

Ronnie was a great man. He served his profession well, both in the Agency and as a member of Council and president of the Pharmaceutical Society of Northern Ireland. It is particularly tragic that his death should come after a lifetime of dedicated hard work when he was contemplating a long and thoroughly deserved retirement.

**Ian Jones**  
Professor of pharmacy practice, University of Portsmouth.



Boys will be boys - as the winners of the 'Mawdsleys Supplier Challenge' prove. Over 70 suppliers turned up to SpeedKarting in Warrington to an event that is set to become an annual feature. On the podium are (left to right) Robert Harwood, Paul Hopkins (Reckitt Benckiser), winner Martin Swayne (Jenks), and Bill Tenpenny (M&S Toiletries)

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Last weekend's Institute of Pharmacy Management International conference was held in Lincoln, with the theme of 'turning opportunity into practice'

# From opportunity to practice

**C**ompetition is increasing and will be one of the greatest forces for change within pharmacy over the next ten years, according to Stephen Axon, general secretary of the Pharmaceutical Services Negotiating Committee.

Mr Axon used the government's 'Pharmacy in the Future' plan to outline the competitive challenges facing pharmacy. He suggested that there were three main areas where the strategy would affect competition:

- access to pharmacies
- local pharmaceutical services
- e-pharmacy

One of the proposals in the strategy is to remove the control of entry requirements for retail parks. This proposed 'freedom to open' is more to do with competition than service. It could result in "islands" of no control within a controlled environment, said Mr Axon.

Pharmacies opening in retail parks could make those on the outskirts unsaleable. PSNC ought to get a clear definition of 'retail parks' in the regulations, otherwise it would be difficult to determine where the retail park ended and the high street began.

The Government is also proposing to amend the control of entry rules for one-stop primary-care centres. Mr Axon suggested that this might be an attempt by the government to bring private finance into the NHS. He warned that this could result in a "Dutch auction".

Local pharmaceutical services are to be introduced along the lines of personal medical services for GPs. These would introduce new competing suppliers, both for services and medicines.

The greatest danger, said Mr Axon, would be disunity within the profession. Competition to provide such service would be between contractors, employees, peripatetic pharmacists, local pharmacy associations, primary care pharmacists, and even the pharmaceutical industry, making it easier for the government to drive down the cost of providing services.

"This is my greatest fear within the whole of the pharmacy plan and, ironically, it is the one area where the profession should be in the driving seat," said Mr Axon.

On the subject of e-pharmacy, Mr



Allen Tweedie, PSNC's 'medicines management' member

Axon said that preventing the insertion of internet provision into the supply chain would be like "trying to stop an express train with a handgun". Implications for the profession potentially include the end of the prohibition on direction of prescriptions.

The profession would probably favour a relay system to try to avoid direction of prescriptions and retain patient choice, but whether the final system would be relay-based remained to be seen.

Direction of prescriptions linked to novel supply mechanisms could change the face of community pharmacy. Mr Axon described this as "the greatest competitive challenge facing us and one to which - at this stage - it is difficult to see a solution".

Other areas where competitive forces will focus over the plan's ten-year duration will include:

- prescribing linked to supply under group directives
- accreditation requirements
- skill mix issues.

## Challenges and threats

The pharmacy plan contains both challenges and threats, said John D'Arcy, director of the National Pharmaceutical Association.

He described it as a "hugely challenging agenda", adding that: "From here on in, pharmacy is never going to be the same again and we need to recognise that."

The scope of the plan included improving access to services, and here pharmacy was "superbly placed", he said. Pharmacists would deliver patient-centred services because if they did not give patients what they wanted, they would go elsewhere. A good point in the plan included the formal recognition of an NHS role for pharmacists.

Inclusion of pharmacy as NHS Direct's 'fourth disposition' recognised that pharmacy was a resource that should be used. And if the repeat dispensing role could be transferred from GP surgery to community pharmacy, pharmacists would be seen as key players rather than "add-ons".

While acknowledging that the £30 million pledged in the plan was not a huge amount, Mr D'Arcy pointed out that it was a start, and it was 'new money'. But he warned: "We've got to get in there and put our marker down because if we don't, someone else will."

The plan had to be taken seriously because it is not a consultation document but an "invitation to treat", said Mr D'Arcy. Pharmacists now had to engage in the process of implementation.

In response to the plan, pharmacists had to start formulating proposals, they had to understand the local agenda, and they had to be flexible and creative. "We must strike a balance between our needs and those of the DoH," said Mr D'Arcy.



Lincoln Cathedral

Some "sacred cows" were under threat, however. Money for local pharmaceutical services should not come at the expense of the global sum, he insisted. Pharmacy was now at the limit of providing new services for existing money, and the Government was running the risk of cracking the community pharmacy network if it pushed too hard.

## A radical document

Allen Tweedie, PSNC member, described the pharmacy plan as "one of the most radical documents to arrive in healthcare generally", and he warned that it presented threats "if we don't manage the situation properly".

The £30m allocated in the plan over the next ten years was a minimum figure. "The implications are that if we work effectively there's more money available."

Speaking of the PSNC's medicines management plan, Mr Tweedie said that it would expand over the next two or three years to include other areas. The Department of Health was now "an ally," he believed.

A critical issue was the construction of a new service contract. Pharmacists' capabilities had to be matched to the requirements of the new services. Supervision requirements might have to be amended to allow them to take part in these new services.

"We have no intention of dropping pharmacist supervision requirements."



But they must be adapted," said Mr Tweedie. He added that some form of quality control system must remain.

The fact that pharmacists could now supply medicines to patients 300 miles away altered the whole concept of supervision. "Because supervision has got to be changed, let's get in there and make sure it's changed the way we want it," said Mr Tweedie.

PSNC had developed a document that would show pharmacists how to effectively participate in medicines management. This should be available within a month.

## From across the pond

Community pharmacy in the UK and the US was compared and contrasted by Richard Jackson from Mercer University in Atlanta.

Mr Jackson cited examples of similarities. There were only six American schools of pharmacy that offered doctor of pharmacy degrees in 1983. By 1989, all 50 offered the degree.

Since 1995, the number of independent community pharmacies in the States had been falling by about 1,000 annually. This decline was now levelling out.

Mr Jackson contrasted the US system, in which pharmacists could be dealing with 20-30 insurance companies, to the UK where there was only one third party - the NHS.

A shortage of pharmacists was as much of a problem in the States as here. This has driven graduate salaries as high as £100,000. Doctor dispensing, once a major issue in the US, was no longer a problem, as doctors were refusing to dispense for the fee that pharmacists were paid.

Training for technicians is now being debated in the US. "It's only a matter of time until technicians have to have a qualification," said Mr Jackson.

Cooperative practice agreements have allowed pharmacists to do limited diagnostic work and prescribe certain medications. These were akin to patient group directions in the UK. There was, however, a lot of opposition to such agreements, particularly from the medical profession.

## Prescribing advice

"The pharmacy contractor as a prescribing advisor" was the subject of a talk given by Mike Williams, a contractor, audit facilitator and prescribing advisor from Solihull.

Mr Williams said that one of the benefits of offering prescribing advice was that it could be seen as a first step towards full medicines management.

It also improved relationships with GPs, offered extra value for money and could improve pharmacy stock control.

Using his own experience, Mr Williams explained how to set up and run a prescribing advice service as a contractor. He spoke of the requirements, potential pitfalls, and the benefits of providing such a service.



Ruth Rodgers was one of four IPMI members to receive an IPMI fellowship certificate from Professor Ian Jones, the Institute's president. Secretary Nick Wood looks on

## A burden for business

Gehe UK's director of personnel, Rob Tansey, considered relevant pieces of employment legislation and whether they were a burden for business.

He presented a 'top ten' of relevant legislative points. He considered, giving references, the Working Time Directive, part-time workers and trade unions.

Delegates were given practical pointers for giving references, a guide to best practice on part-time work and tips for investigating employee misconduct.

## Human rights

Human rights and the consumer in relation to the Human Rights Act were considered by Chris Friend, a board member of the Genetic Interest Group and a consultant for the South Eastern Pharmaceutical Industry Group.

The Act, which came into effect in England on October 2, has implications from the position of being an advocate for patient partnership in the management of their own healthcare.

Some doctors see it as a threat to their status and ability to provide services, others as a basis for debate and negotiation. Mr Friend hoped that it would be "a catalyst in effecting genuine patient partnership with healthcare providers from all professions".

## Getting motivated

"The day you stop having competitors is the day your business dies," said Nigel Risner, a motivational speaker from Esteem Training.

"Winners are those people who make a habit of doing things that make losers feel uncomfortable," said Mr Risner. He warned the profession that it must speak with a unified voice if it is to be effective. The interactive workshop included sessions time management and advice on how to get the most from your colleagues.

## Discussion

A panel session at the end of the conference discussed topics including patient registration, the pharmacy plan, and customer focus.

"It's difficult to imagine some of our roles going forward without patient registration," said Mr D'Arcy. But he said that there was already "de facto" registration, as patients usually visited the same pharmacy for repeat prescriptions.

"Registration is going to happen but not in a way we expect," thought Roger Odd, head of professional and scientific support at the Royal Pharmaceutical Society. IT link-ups between pharmacies or patient-held record cards could be alternatives, he suggested.



Propping up the bar after dinner, in time-honoured tradition, (l-r) Terry Norris, managing director of Numark, Ciaran McSorley, director of training and development at Gehe UK, and Rob Tansey, director of personnel at Gehe UK

## Serious relief for sore throats



Vicks Ultra Chloraseptic Sore Throat Spray (contains Benzocaine) is an ideal treatment for sore throats.

**ULTRA EFFECTIVE...** The active, Benzocaine, is well recognised as an effective topical anaesthetic on skin surfaces and mucous membranes.

**ULTRA FAST...** Just three sprays to bring relief to sore throats in seconds.

**ULTRA PRECISE...** Unique swivel head applicator delivers the Benzocaine straight to the site of pain allowing it to start working immediately.

**ULTRA CONVENIENT...** Convenient small bottle is easily carried in pockets, handbags or briefcases.

## New owner brings new sales team and new support

On 31 March, Prestige Brands (UK) Ltd acquired Vicks Ultra Chloraseptic Sore Throat Spray from Proctor & Gamble. Jenks Sales Brokers has been appointed to sell and distribute the brand in Great Britain and Northern Ireland.

## New advertising - new demand

The new 'SERIOUS RELIEF FOR SORE THROATS' and 'HIT THE SPOT' advertising campaigns are running from October 2000 through February 2001 in:

- National press
- Women's Magazines
- Radio
- Web

This will be the first national consumer advertising campaign in over four years.

For orders, merchandising and further information, please contact Jenks Sales Brokers on 01494 442446 or your local Jenks representative.

Essential Information for Vicks Ultra Chloraseptic.  
Active ingredient: Benzocaine, 0.71% w/v.  
Indications: Symptomatic relief of sore throat pain.  
Legal category: P. Further information is available from Prestige Brands (UK) Ltd, 3 Scotland's Drive, Farnham Common, Slough, Berkshire SL2 3ES



The oldest symbol group in community pharmacy, is celebrating its 25th anniversary this year. *Chemist & Druggist* looks at how Vantage has developed

# Vantage – 25 years on

**V**antage was created in 1975 as a buying group by Vestric, which was later acquired by AAH Pharmaceuticals. It is now a fully integrated marketing service, which supplies members with a range of products and management tools to run their business in a market which has been affected by, for example:

- Legislation on local relocation of pharmacy contracts
- The introduction of clawback and changes in remuneration regulations
- The shift from branded to generically-written prescriptions
- The large group of GPs able to dispense from their own surgeries

Vantage introduced services such as POS material as early as 1977 and a management information pack for tax and purchase analysis was made available three years later.

John and Jan Nicholls, from J Nicholls Pharmacy in Nichells, Birmingham, became members 21 years ago when the packs were first introduced.

"The management information report was ground-breaking at the time as it provided us with valuable information on generic purchases, including top sellers, and details on tax administration. It acknowledged early on that pharmacists run a business as well as dispensing medicine," said Mr Nicholls.

Services grew steadily from then on, with new fascia and layouts in the late 1990s, leaflet drops, retail training programmes and, more recently, a team of merchandisers.

## Own label

In 1985, Vantage introduced its own-label, followed by a high-profile advertising campaign a year later which established the name as a nationally-recognised brand.

Mr Nicholls said: "The own-label range allowed me to offer a cheaper alternative to our patients and compete more effectively against the surge of new competitors in the market."

Category management has played a crucial role in developing the Vantage products mix. Steve Dunn, managing



Vantage introduced POS material as early as 1977

director of AAH Pharmaceuticals explained: "We started by introducing the CM2 Front Shop Management System ten years ago. It was very popular with members as it provided them with a manual they could consult at all times."

"We have built on this concept with the 'Go For Growth' programme, introduced in April 1999. It offers a number of services supporting category management, including category reviews such as baby care, and core ranging."

"Analgesics, fempro and baby care, for example, have been very successful through the years because they have always been innovative. Supported by promotions which we negotiated with suppliers, the categories have had real results for pharmacy. But even with our buying power, we could not compete with supermarkets in the household items category as customers no longer see pharmacy as a primary source to purchase these products."

And this is not just true for own-label; the whole role of pharmacy is changing and Vantage has implemented services and reviewed its range of products to mirror this constant evolution.

Mr Nicholls explained: "When we

first became Vantage members, 95 per cent of our work was making and supervising medicine. As our role evolved, Vantage introduced products and services to facilitate the change, such as Link pharmacy systems and new product categories."

"Now our role is increasingly advisory. To support this, Vantage is developing packages such as the Community Health Services, and can provide advice on shop refits which facilitate communication and make consultation with consumers easier."



A typical Vantage fascia from the 1990s

## Summary of the Vantage years:

- 1975 Vantage is created
- 1977 Introduction of Vantage branded POS material
- 1980 Vantage launches the Management Information Pack
- 1981 The first Vantage convention is held
- 1985 Introduction of Vantage own-label products
- 1986 Vantage advertises on national television
- 1989 Launch of the Retail Training Programme
- 1993 Publication of Vantage Pharmacy practice leaflet
- 1998 Vantage Refresh
- 1999 Roll-out of the Community Health Services
- 1999 Launch of "Go for Growth" programme
- 2000 Launch of AAH Point pharmacy extranet programme

Mr Nicholls believes that consumers need more re-assurance about their medicines now, because of the increasing amount of information available to them. He also thinks communication has played a crucial role in bridging the gap between health professionals.

But the real way forward is services: "I think that the independent will eventually become a provider of services, selling them not only to





## Own-label was only supposed to play a minor role within the Vantage offer, but became a major asset

consumers but healthcare professionals such as surgeries and PCGs. They will be able to specialise in areas such as diabetes and asthma, while multiples will become prescription factories," said Mr Nicholls.

"As pharmacists we all have to think about the way we want to move forward so we can control it as much as possible. We must make sure we get involved in the decision-making process and be aware of developments, which affect our role in the community," he added.

## Futuristic medicine

Such developments are typified by Anderson Consultings' futuristic electronic medicine cabinet, with its touch-screen controls. Designed to replace the pharmacist in many instances, the cabinet is programmed to respond to the particular medical needs of each member of the family, sourcing information on minor ailments from the web. It can also order medication via e-mail, monitor blood pressure and e-mail the results to an on-line doctor, if required.

Mr Nicholls believes this type of progress cannot be stopped, and those

pharmacists who stand still will be left behind. Steve Dunn shares this view: "Vantage's role is to assess the market situation and help members keep a competitive edge by developing relevant products and services," he said.

"Like Mr Nicholls, we believe services will play an increasing role in the future and we recommend to pharmacists that they actively take part in initiatives looking at the industry's prospects, such as the Royal Pharmaceutical Society's programme, Pharmacy in a New Age. It is their only way to make a difference.

"Some pharmacists are very proactive in developing their role as advisors on healthy lifestyles. They offer Community Health Services and have negotiated links with nutritionists and other health professionals who can consult in their pharmacy," he continued.

"They have shown that healthcare professionals can work together. And as a leading pharmaceutical wholesaler, AAH Pharmaceuticals will continue to play an active role in encouraging co-operation within the industry as well as acknowledgement and integration of the future role of community pharmacy."



Vantage was created as a buying group by Vestric



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This second article, looking in depth at the Government's strategy for pharmacy, examines section 3 on 'Helping patients get the best from their medicines'

# Medicines management at last?

The Government will invest at least £30 million over three years to secure better use of medicines in the NHS, starting with at least £5 million in 2001-2 and £15m in 2003-4.

But will this be enough? The Pharmaceutical Services Negotiating Committee has put in a £1.8m bid for one medicines management pilot involving patients with cardiovascular disease. And at least £1m of the £30m will be devoted to a strategy for integrating 'partnership in medicine taking' into the NHS at all levels.

By 2004, every primary care group and trust will have "schemes so that people get more help from pharmacies in using their medicines". Again, is this a realistic target, given that the document is vague about exactly what these schemes should be?

Other key points in section 3 of 'Pharmacy in the Future - Implementing the NHS Plan' are:

- The DoH will establish an Action Team to promote medicines management services. The team will include leaders from pharmacy and medicine, NHS managers, patients and carers. It will offer extra support to health authorities and PCTs with the capacity to develop good ideas.

- The Government wants to be rigorous in its pursuit of partnership in medicine taking, a concept that prescribing and medicine taking needs to be based on informed agreement between the patient, doctor and other health professionals. The professions, industry and patient groups will be invited to join the Government in a national strategy to ensure that partnership in medicine taking is built into key NHS policy initiatives.

- When the new chief pharmaceutical officer is appointed he or she will bring together a joint task force to lead implementation of the national strategy and complement the medicines management Action Team.

## Meeting on pilots

The PSNC still has no date for a meeting with the Department to discuss the proposed medicines management project. But chairman Wally Dove says initial talks suggest the Department regards a pilot scheme as a priority, although he thinks the Government will want to try out other models besides PSNC's.

"We believe such services should be



based in pharmacies because that's what patients want. Politicians have to remember that, whatever whizzy things they do with walk-in centres and the like, chronically ill patients are not 35-year old thrusting spin-doctors and need help which pharmacists are ideally placed to give," he says.

An encouraging sign is that the Department has extended the contract for John Dixon, PSNC's medicines management project manager. His year's contract ended in September but the Department is funding the post for another three months.

He told *C&D*: "We need to have more detailed discussions about the type of project the Department envisages. PSNC has asked for £1.8m for a specific project in community pharmacy, so it will be interesting to know what other initiatives the Government has in mind."

The bid is based on 10 areas in England, covering a range of locations from inner cities to rural communities. It will involve about 3,500 patients with cardiovascular disease. The Department may wish to broaden the categories, or have fewer or more pilots.

If the project starts next year, as proposed, he hopes that by the target date of 2004 the results will have shown that community pharmacy is an appropriate place for a medicines management service. The project would have evaluated the costs and effects of the scheme in all geographical situations.

"So with a fair wind we could offer a model scheme for PCTs to implement anywhere," he explains. "It's a challenge, certainly, but there's a lot of interest in making good use of medicines, which is why there has been a

lot of interest from people wanting to take part in the project."

Pharmacists have shown a "tremendous degree of enthusiasm" and some are "bound to be disappointed" because there will not be scope for all to participate in the pilot.

Mr Dove thinks the target of 2004 to have "schemes" in place is optimistic, as repeat dispensing and medicines management are best done in conjunction with electronic prescribing which has yet to be instigated.

Mr D'Arcy agrees that 2004 is a "fairly ambitious target," although it might be feasible as new local structures are developing quickly. He doubts whether £30m will be enough. "Nonetheless it's additional money and the NPA will be trying to ensure community pharmacy gets some of it." At present, pharmacists often set up innovative schemes through altruism because they cannot get funding.

Giving PCTs a time by which they must incorporate medicines management into their local plans should open doors, he believes.

Pharmacists are often discouraged when told that a service they are offering does not fit in with local plans. If the Government's proposed schemes specified in black and white that pharmacy input was possible at local level, then pharmacists would have a chance to prove themselves.

Although the document is "woolly" about these schemes, Mr D'Arcy hopes community pharmacy will be woven into them, with pharmacies acting as local healthcare centres at the hub of pharmaceutical services rather than services becoming fragmented.

The Department's proposed Action

Team has a wide-ranging membership, so is there a risk it might turn out like the proverbial committee that designed the camel?

Mr D'Arcy hopes it will be an action team and not a talk shop. It should start by getting broad information on relevant issues, then delegate to a slick implementation group for carrying projects forward.

Both the NPA and PSNC will apply for membership. Mr Dove would like to see practising pharmacists, with their professional and business acumen, to be well represented and not just pharmacists working as NHS managers. The ideal would be grass roots pharmacists aged about 40, with sufficient experience to be credible but "still young enough to be there to deliver when it all happens".

## Partnerships

When it comes to partnership in medicine taking, the Association of the British Pharmaceutical Industry believes the patient pack initiative is essential.

"It would be good if the Government showed the same commitment to pushing this through," says spokesman Richard Ley. Patient information leaflets are one of the main ways of promoting concordance and there is a feeling that patients are not getting the leaflets they should.

In any discussions with government, the ABPI would want to look at the industry's ability to communicate with patients in other ways - not necessarily in advertising but in giving more general information about prescription medicines. At present, tightly-controlled patient information leaflets are almost the only way the industry can legally communicate with the public.

Mr D'Arcy thinks common principles of partnership in medicines taking could be built into each of the national service frameworks. For each therapeutic area there is a common approach to making the best use of medicines, which could be written into NHS policies. If pharmacists delivered savings by encouraging proper use of medicines, they should be entitled to some of the money that is currently being wasted, he adds.

Mr Dove is a pragmatist: "Pharmacists know all about what's needed for concordance. They just need the financial ability to get on with it."



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**Dosage:** For oral administration only. The effervescent tablets should be dissolved in at least half a tumblerful of water before ingestion. **Adults, including the elderly:** Two tablets not more frequently than every 4 hours. Maximum of 8 tablets per 24 hour period. **Children:** Not recommended for children under 12 years. **Contra-**

**Indications:** Hypersensitivity to paracetamol, codeine or caffeine. **Warnings:** Special care should be observed in any patients with severe renal or hepatic impairment. Excessive intake of tea, coffee or cola with these tablets may make patients tense and irritable. Nursing mothers should also be advised to avoid these beverages as irritability and poor sleeping patterns have been observed in breast-fed infants. Each tablet contains 362 mg sodium. This should be taken into account in patients requiring sodium restriction. **Interactions:** With domperidone, metoclopramide, cholestyramine and warfarin (and other coumarins), interactions may occur. **Side-effects:** Adverse effects to paracetamol are rare, but hypersensitivity and blood dyscrasias have been reported. Codeine can cause opioid effects, e.g. constipation, nausea, vomiting, dizziness, light headedness, confusion, drowsiness, urinary retention. Frequency and severity depend upon dose and duration of therapy and patient susceptibility. Tolerance and dependence can occur, especially with prolonged high dosage of codeine. Caffeine may produce headache, tremor, nervousness, irritability, sleeplessness, palpitations and GI tract irritation. Legal Category: P

**Further information is available from:** Sterwin Medicines, One Onslow Street, GUILDFORD, Surrey, GU1 4YS **Telephone:** (01483) 554091 **Fax:** (01483) 554809 **Date of Preparation:** June 2000 **Reference:** STW 0016



## Pharmiweb goes into e-teaching

Pharmiweb has entered into a partnership with Viviance New Education Ltd to provide e-learning services for the pharmaceutical sector. Pharmiweb will deliver customised training courses in areas such as marketing, IT, sales and clinical.

"We see e-learning as a vital component in our service portfolio, and the easiest way for us to deliver a 'best-in-class' solution was for us to partner with Viviance, who clearly lead the way in this field," said Paul Hartigan, Pharmiweb's managing director.

While retail pharmacists were not the main target for the new service, Pharmiweb said there is a definite possibility they will be able to use the service.

Pharmacists wishing to participate in any of the courses will have to register on the Pharmiweb website [www.pharmiweb.com](http://www.pharmiweb.com) before accessing the service. Courses will be charged at an individual rate which is yet to be determined.

## Accounting for the professionals

Pharmacists could benefit from a new internet-based financial service which is offering professionals better deals on tailor-made mortgages.

The company says it takes into account and rewards the long-term, low risk status of qualified professionals such as doctors, pharmacists, dentists, architects, barristers and accountants.

On top of specialised mortgage products, the Finance4Professionals website carries deals only available through [www.finance4professionals.com](http://www.finance4professionals.com), such as multiples and lower interest 110 per cent loans.

Applicants must be able to demonstrate an MPharmS qualification.

### COMING EVENTS

OCTOBER 31

**Dudley and Stourbridge Branch, RPSGB**, at The Medical Services Centre, Corbett Hospital, Stourbridge, 7.15 for 8pm. 'Pharmacy Development', a joint meeting with the LPC and health authority pharmacy adviser.

NOVEMBER 1

**NICPPET**, at the White Gables Hotel, Hillsborough, 2-5pm. 'Interprofessional workshop - smoking cessation', by Dr Terry Maguire, director, NICPPET.

NOVEMBER 2

**NICPPET**, at the White Gables Hotel, Hillsborough, 10am-5pm. 'Treating Skin Conditions', Dealing with Symptoms, Module 7, Unit 2.

# A Phoenix rises at Numark

Numark and Phoenix Medical Supplies have launched a new company, Numark Trading Ltd, which will cover the entire OTC business in the UK of both companies. The news was announced at Numark's annual suppliers day in Stratford-upon-Avon on October 19.

NTL, to be based at Numark headquarters in Tamworth, will be a centralised, once weekly OTC operation, providing a distribution and promotional service. NTL will negotiate deals on behalf of Numark's OTC business, some independent wholesalers and Phoenix's retail interests, but will not deal in generics or parallel imports.

Numark's managing director, Terry Norris, said that the new company presented a win-win opportunity for Numark shareholders. Not only would they receive preferential deals, enjoy the benefits of increased buying muscle and a wider OTC inventory, but they would also own half of their own distribution company.

Mr. Norris added that on top of these benefits, 50 per cent of Numark Trading Ltd's profits would be returned to Numark. The parent company would retain the Numark own-label brand and all its NHS business.

Phoenix and Numark will each hold 50 per cent of the shares each in NTL, which is due to start trading on January 1, 2001. The company will be headed by general manager John Ross, who is currently Phoenix' group sales manager. There is also to be a board of directors, drawn from both parent companies, and an independent chairman.

NTL's service is not limited to Numark shareholders, but the arguments for joining are strong, said Numark's deputy managing director, David Wood.

"As a joint venture company with Phoenix, Numark Trading Ltd can

leverage its buying power to the benefit of independent pharmacy. With many threats on the horizon for independent pharmacy, there has never been a better time to consider becoming a member," Mr. Wood said.

"This is brilliant news because it keeps Numark's independence and it secures it" said Sandy Young, chief executive of Phoenix medical supplies.

The announcement immediately raised questions over NTL's relationship with other wholesalers. Numark Ltd was anxious to convince wholesalers and suppliers that the joint venture would not lead to the exclusion of Numark's other wholesale partners.

John Davies, retail services manager for Mawdsley Brooks, said the formation of NTL did not change the status quo.

Speaking on behalf of several independent wholesalers, Mr. Davis added: "We clearly need to negotiate the practicalities of the relationship, but I emphasise our commitment to servicing shareholders through the existing distribution chain continues as normal".

Opinions on whether Numark or Phoenix would benefit more from the deal were varied. One delegate told C&D that the benefits for Numark shareholders were obvious, but he found it difficult to determine what Phoenix was getting out of the partnership.

Another supplier felt that the benefits of the joint venture were clearly on Phoenix's side, getting it behind a well-established name in UK pharmacy while it gathered retail experience.

So confident is Numark of the success of the joint venture that the company is already discussing a similar deal for Ireland, both North and South of the border, with United Drug Plc.

● 2001 will see a separate conference for Numark's ethical suppliers, probably to be held in the spring



Numark's David Wood



John Ross, heading up NTL

## P2U gets a foot in the surgery door

Pharmacy2U has taken a major step towards creating a nationwide e-prescribing service. The online-pharmacy has accepted £2 million from OnMedica, which will give it access to 22,000 GPs.

OnMedica had previously acquired the medical internet portal ukpractice.net Ltd. Linking this portal to P2U's e-pharmacy services will enable OnMedica to develop an online channel from the prescriber directly to the pharmacy or consumer.

P2U and OnMedica intend to work with the Department of Health and apply for one of the three e-prescribing pilots announced recently by Lord Hunt, the health minister.

P2U has received a further £1m from Credit Agricole Indosuez.

● [www.sterlingpharmacy.co.uk](http://www.sterlingpharmacy.co.uk) is a new e-pharmacy service aimed predominantly at professionals and the business community in Manchester. Founded by Jason Zimmel, the online pharmacy enables customers to order their prescription or OTC products via email or fax. The products will be dispensed within hours and be delivered by an in-house delivery team. A flat charge of £2 applies to orders under £15.



**Impharm Nationwide**, a Bolton-based pharmaceutical wholesaler, has become the first company within the Intecare Group to achieve the prestigious Investor in People (IiP) status. The company was presented with the award on October 23 by Jean Garlick, chair of the Wigan & Bolton Health Authority, pictured with David Scolah, managing director of Impharm



William Ransom & Son, one of the oldest independent pharmaceutical companies in the UK, has adopted a new corporate identity, intended to reflect the company's dedication to research and development in natural products. Created by Sarah Allen of Lewis Moberly, the abstract R, made up of a semi-circle and a leaf, is meant to represent the fusion of science and nature.

## NZ and Irish firms in joint UK thrust

McLernons, the leading supplier of PMR and EPOs systems in Ireland, has formed a UK-based joint venture company with Lockies Computing.

Chorley-based McLernons & Lockies systems will be developing a Windows-based PMR system for the UK, drawing on McLernons' experience in the UK and Irish markets and Lockies Windows-based PMR products.

Both companies are established names in the software industry. The Lockies EPOs system has been used across the UK for some time, while McLernons claims to have cornered around two-thirds of the Irish market.

## Warner Lambert/Pfizer lose new VP

Andrew Hunt, vice-president Northern Europe and country manager UK of Warner Lambert Consumer Healthcare group of Pfizer Inc, is leaving the company in January 2001 to pursue 'another business opportunity'.

Asked what the 'business opportunity' might be, Warner Lambert would only say that it was an opportunity outside the pharmaceutical industry.

The announcement came within two months of Mr Hunt's appointment

# MCA orders recall of polio vaccine

The Medicines Control Agency has ordered the recall of the entire stock of oral polio vaccine manufactured by Celltech Medeva after it had been informed of a possible risk of BSE contamination.

The name displayed on the packaging of the vaccine concerned could either be Evans or Medeva.

The nationwide supply of oral polio vaccine has been switched to SmithKline Beecham.

The MCA accused Celltech Medeva of breaching 1999 EU guidelines by manufacturing the vaccine using a growth medium which contained material of UK bovine origin. It added that the assurances it had received from the company regarding the oral vaccine had been inaccurate.

Celltech Medeva said that its investigations into the matter had established that BSE-free status could not be certified for one of seven batches derived from a strain the company had acquired from Wellcome in 1991. The statement added that the last shipment of the stock in question had occurred on July 12.

Asked whether Celltech Medeva was not simply trying to pass the buck to another manufacturer, a spokeswoman said, 'If you receive assurances from a company, you are going to believe them.'

Powderject, who bought the vaccine business from Celltech Medeva in September, said that it had never planned to manufacture or sell the oral polio vaccine and had no intention of doing so.

A spokesman for the Association of the British Pharmaceutical Industry pointed out that recall related to a vaccine made by a single manufacturer, and that the safety of UK vaccines and medicines was not in doubt.

He added that the industry had been among the first to conform to rigid guidelines, designed to avoid problems on the use of medicines manufactured in the UK.

'The greatest risk to patients lies in not taking the medicines that are in fact safe, because of unfounded fears,' said ABPI president Bill Fullagar.

This view was shared by the chief medical officer, Prof Liam Donaldson, who said that the recall was a precautionary measure and that the risk of contracting vCJD (the human form of BSE) from this oral vaccine was incalculably small.

He reminded parents that polio was a potentially lethal disease and urged them to keep children vaccinated.

'Stock levels for this other vaccine are already high and there should be minimal disruption to appointments,' Prof Donaldson said.

## C&D Directory 2001 now available

The 2001 edition of the *Chemist & Druggist Directory* is now available, aimed at community pharmacists, manufacturers, wholesalers, industry representatives and professional associations.

The Directory is split into three separate buyers guides: pharmaceuticals & chemicals, equipment, supplies & contractors, retail pharmacy supplies. It also provides valuable information on Multiple Retail Outlets, Associations, Voluntary & Statutory Controls and the NHS Structure.

The *Chemist & Druggist Directory 2001* retails at £124 (inc VAT and p&p). For information or to reserve a copy call Jane or Jill on 01732 377 591, fax 01732 377 479, email [orders@unitedbusinessmedia.com](mailto:orders@unitedbusinessmedia.com), or click on [www.ubmedia.co.uk](http://www.ubmedia.co.uk).

## IN BRIEF

### Waymade buys Novartis products

Waymade Healthcare has acquired a range of products from Novartis Pharmaceuticals. Waymade said the acquisition of the products (Slow Trasicar, Trasicar, Ismelin, Visken, Viskaldix, Anturan and Apresolin) was consistent with the company's policy of developing its own portfolio of branded and generic products. The rights will be transferred to Waymade's subsidiary, Sovereign Medical, while Novartis will initially retain responsibility for the distribution of the products.

### NDC acquires German sales information company

National Data Collection (NDC) has acquired a major interest in Pharma Intranet Information (P.I.), the Germany-based pharmaceutical sales information reporting company. NDC say the acquisition will expand the company's range of data on international prescription sales and give NDC the opportunity to lever its international presence. P.I. records prescription sales in the German drug market and its information is being used by more than 20 of the country's leading pharmaceutical manufacturers.

### Pharmology links up with NetDoktor

Pharmology, the recently launched e-business division of Alliance UniChem, has signed a content agreement with leading European e-health company NetDoktor. Under the agreement NetDoktor will supply Pharmology with content for one year, thus expanding its geographical coverage.

### Pharmalife to recruit for Sainsbury's

Pharmalife, the online information and procurement services company, will handle the recruitment of Sainsbury's staff throughout the supermarket company's existing 67 in-store pharmacies. The service can be accessed via the web site [www.pharmalife.co.uk](http://www.pharmalife.co.uk) and is designed to match employers and potential employees by their preference.

### Shire enters the big league

Shire Pharmaceuticals is to enter the FTSE 100 for the first time, joining the index of the UK's leading companies at position 84. Shire's chief executive, Rolf Stahl, called it a milestone event, adding that it was not surprising for a company that had grown 100-fold in the past six years. The company is expected to start trading as a FTSE100 company on the end of the week.



Marketing director, David O'Sullivan (left), with sales director, Rob Yateman (right)



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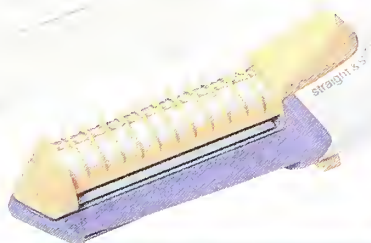
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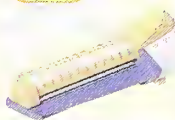
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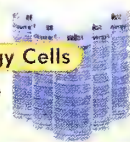
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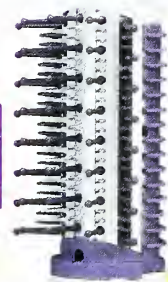
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# Recognise the symptoms?

We publish the occasional poem in *C&D*, nothing that Wordsworth or Pam Ayres would be proud of perhaps, but something that might strike a chord with all you hardworking community pharmacist out there. This latest offering, though, has a provenance, as they call it in the antiques trade.

It was presented to a UK audience last weekend by an American speaker at the Institute of Pharmacy Management conference. Richard Jackson, of Mercer University, Atlanta, Georgia, uncovered it when he was sorting through the papers of a deceased colleague. He reckoned it was at least 50 years old. The poem, author unknown, is entitled 'Fear', and it does not, of course, describe the forward looking, professionally focused retail expert that is today's UK community pharmacist.

What's wrong with the average pharmacist,  
Is a question we frequently hear.  
But I can tell you the answer  
In a four-letter word called 'fear'.

We're afraid to charge for our services,  
We're afraid some folks won't pay,  
We're afraid our competition  
Will steal our patients away.



David Bainbridge, sales director Wilkinson Sword, (the happy looking one) enjoys a final joke with Boots area manager Neil Brough (the worried one with exposed throat) before the latter finds out just how sharp the Protector 3D diamond razor really is

The butcher and the plumber  
charge prices  
That admittedly are quite dear,  
But if you should complain about  
their prices  
They would throw you out on your  
ear.

But the pharmacist is a timorous  
creature  
Who lives in perpetual dread  
That someone will think we are  
robbers  
If we attempt to cover our overhead.

We're afraid to close up early.  
We're afraid some folks will say  
That 12 hours work in 24  
Is only half a day.

We're afraid to take a lunch break  
So we eat our food on the run,  
Until we find that ulcers  
Simply aren't very much fun.

We know that cigarettes  
Have no place in our store  
But we're afraid to take them out,  
Some patrons might get sore.

And so we live an existence  
Where countless fears run rife.  
If only we'd had more courage  
We'd have a much happier life.

## NICE to have friends!

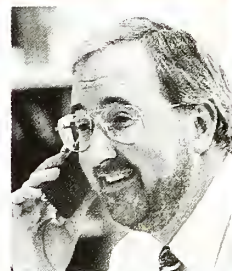
The National Institute for Clinical Excellence has been making recommendations for some six months now on medicines and other therapies. It has been at the centre of stories about Britain's NHS and the problem of postcode prescribing. Yet it has been difficult to disentangle the various stages in its decision making process, says the ABPI, especially the fine details of the appeals procedure.

To help journalists understand this better, guess who has produced a briefing note, with a clear flow-chart diagram of the process? Not NICE, but its old friends at the ABPI. Strange coincidence. A NICE press release dated October 19 says: "Full details of the Institute's appraisal process ... can be found at the NICE web site - [www.nice.org.uk](http://www.nice.org.uk)."

Who's turn with the knife next?

## APPOINTMENTS

Boots the Chemists has a new assistant pharmacy superintendent in the person of **Steve Churton**. Steve graduated from the School of Pharmacy at the University of Manchester in 1979 and has worked in a variety of positions with The Boots Co. These include healthcare category general manager, healthcare operations manager, and healthcare product development manager. He has also worked in professional recruitment for Boots Opticians and BTC. The move follows the appointment of Joy Wingfield as professor of pharmacy law and ethics at the University of Nottingham. She will continue to work for the company two and a half days a week as a pharmacy practice consultant.



Steve Churton

Primary Care Group Ltd has appointed **Mrs Liz Butterfield** as professional services director. Until recently she was the lead pharmacist for Watford and Three Rivers Primary Care Group, and prior to that she was chief pharmacist at the London Clinic and Cromwell Hospital. She gained a Masters Degree in health management from City University, London, in 1994. Primary Care Group aims to provide prescribing support and medicine management services to PCGs and PCTs nationwide.



Liz Butterfield

**Dr Theo Raynor** has been appointed professor of pharmacy practice, medicines and their users at the University of Leeds. This is a new chair and it will build on existing links with the pharmacy department at Leeds Teaching Hospitals Trust and Leeds Health Authority. Dr Raynor was a hospital pharmacy manager in Leeds in the 1980s and completed a PhD on medicines information in 1991. He moved to the university in 1995 to head up a new division of academic pharmacy practice.



Dr Theo Raynor

**Ernie Gilburd** has been appointed to the newly-created position of sales and marketing director at Colourcare with effect from November 1. His 30-year career in the photoprocessing industry includes a 14 year term as managing director of Colorama before he moved to Minit UK as chief executive. More recently, he established [easymemories.com](http://easymemories.com), which is a web-based photo fulfilment company.

**Thomas Lönngren** has been elected executive director of the European Medicines Control Agency. He is deputy director of the Swedish Medical Products Agency. He succeeds Fernand Sauer who has run the London-based EMEA since it was founded five years ago.

Pharmalife, the embryonic business services website, has appointed recently retired PJ editor **Douglas Simpson** to its advisory panel. He will also spearhead an initiative to create a medicines management/pharmaceutical care resource centre on-line, which will be rolled out in 2001.



Unichem-SSL International 'Pharmacist golfer of the year 2000', James Currie of Currie's Pharmacy, Wyke, Bradford, receives the trophy from SSL chief executive Iain Cater (left) and UniChem's managing director Chris Etherington



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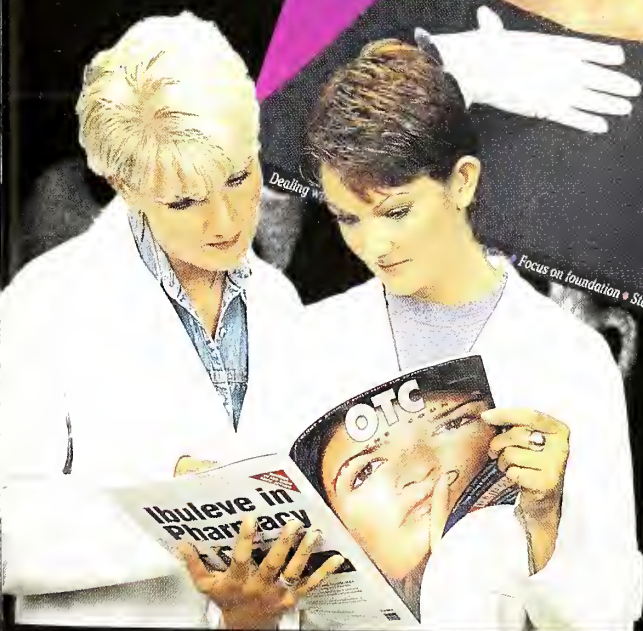


## Over the Counter magazine

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# Winter Remedies

A supplement to Chemist & Druggist, October 28 2000

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antibiotic resistance

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# LEMSIP



# Many happy returns

At last from Lemsip there is now a new treatment in the children's cold and flu market.

New Lemsip Children's Six+ Cold & Flu Relief is a pleasant tasting, slightly sparkling blackcurrant cold and flu drink

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**Active Ingredients:** Each sachet contains paracetamol Ph Eur 240 mg and phenylephrine hydrochloride Ph Eur 2.5 mg, in a base containing aspartame and mannitol. **Indications:** For the relief of the symptoms of colds and influenza, including the relief of headache and body aches and pains, sore throat, nasal congestion and lowering of temperature. **Dosage Instructions:** Children aged 6 to 12 years. Content of one to two sachets. To be mixed with cold water. Dose may be repeated after 4 hours. Do not exceed four doses in 24 hours. **Contraindications:** Hypersensitivity to paracetamol or phenylephrine or any of the other constituents. Phenylephrine hydrochloride: Juvenile hypertension and cardiac conditions. Do not give to children under 16 years without medical advice. **Precautions and Warnings:** Care is advised in patients with severe renal or severe hepatic

impairment, Raynaud's Phenomenon and diabetes mellitus. The hazard of overdose is greater in those with non-chronic alcoholic liver disease. Do not give with any other paracetamol-containing products. If symptoms persist, consult your doctor. Keep out of the reach of children. If your child is being prescribed medicine by your doctor, seek his advice before giving the product. Immediate medical advice should be sought in the event of an overdose, even if the child seems well, because of the risk of delayed, serious liver damage. Phenylephrine may adversely interact with other sympathomimetics, vasodilators and  $\beta$ -blockers. The speed of absorption of paracetamol may be increased by metoclopramide or domperidone and absorption reduced by cholestyramine. The anti-coagulant effect of warfarin and other coumarins may be enhanced by prolonged regular daily use of paracetamol with increased risk of bleeding; occasional

doses have no significant effect. Due to vasoconstrictor properties of phenylephrine the product should be with caution in patients with pre-eclampsia. The product should be used in pregnancy only if benefits outweigh the risk and on the advice of a doctor. **Side-Effects:** Adverse effects of paracetamol are rare but hyper-sensitivity including skin rash may occur. There have been a few reports of blood dyscrasias including thrombocytopenia and agranulocytosis, but these were not necessarily caused by paracetamol. **Phenylephrine hydrochloride:** May raise blood pressure with headache, vomiting and rarely, palpitation. Also rare reports of allergic reactions. **Retail Price:** Ten sachets £2.59. **Marketing Authorisation:** 0063/0111. **Supplies:** **Classification:** General Sales List. **Holder of Marketing Authorisation:** Reckitt & Colman Products Limited, Darlington, Hull, HUB 7DS. **Date of Preparation:** August 2000.



# Winter Remedies

A Supplement to Chemist & Druggist

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© United Business Media  
Ltd. 2000  
Chemist & Druggist incorporating  
Retail Chemist, Pharmacy Update  
and Beauty Counter

Published by  
United Business Media Ltd,  
Sovereign Way, Tonbridge,  
Kent TN9 1RW  
C&D on the internet at  
chemdrug@dolpharmacy.com  
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http://www.dolpharmacy.com/  
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# Getting the right treatment this winter

Public health campaigns for this winter aim to educate patients about self-treatment and the importance of flu vaccination

**D**espite intensive campaigning in the past to educate the public about effective self-care, there is still plenty of work to do. This has been highlighted in a national survey showing that almost half of those questioned would still ask their GP for advice about treating colds and flu. And this is despite the fact that 81 per cent are then advised to take an OTC medicine.

This survey was commissioned to mark the launch of separate education campaigns by the Consumer Health Information Centre and the Doctor Patient Partnership. They are both aimed at helping people prepare for the coming

cold and flu season. And these are just two of the campaigns organised by healthcare organisations to educate the public about healthcare issues this winter.

The CHIC initiative includes the distribution of a new 'Guide to treating colds and flu', which is free to the public via pharmacies, libraries and health promotion units. Approved by the Plain English Campaign, the guide charts the course of the common cold, telling people what to expect and how to treat themselves. It is also available by calling 020 7404 7842, or via the CHIC web site: [www.chic.org.uk](http://www.chic.org.uk)

The National Pharmaceutical

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Powerful remedies are driving the market as people demand a quicker fix for colds and flu

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A comprehensive overview of colds and flu from the European electronic self-medication programme



Sir Henry Cooper is leading the flu campaign



"With me on TV, you'll need  
to arm yourself."



You can stand easy this winter. Those Benylin chaps have enlisted me and the boys for a new national TV campaign. Our passing out parade is during Brookside on Channel 4 on 3rd November and the tour of duty lasts throughout the season. So, make sure you stock up on the double.

Benylin. It's going to march out of the door.





## Who should be vaccinated?

### Those patients who are:

- aged 65 and over
- living in a residential or nursing home

### Or if they have:

- a chronic heart or chest complaint, including asthma
- chronic kidney disease
- diabetes
- a reduced immune capacity
- any other serious medical condition

→ Continued from P3

Association and the Royal College of Nursing have also been involved in the campaign and gave their accreditation to the leaflet. "The idea is that everyone works in tandem so we're not giving all sorts of different messages," says Karen Kelshaw, organiser of the CHIC campaign.

Last year's campaign was "really successful", says Ms Kelshaw. All the leaflets have been distributed and the CHIC web site has received 0.75 million hits.

Almost 300,000 leaflets on how to treat symptoms have been produced by the DPP for distribution via GP surgeries. DPP chairman, Dr Simon Fradd, says: "The survey shows that 75 per cent of people who seek advice from their pharmacists are actually more likely to follow it than if they get their advice elsewhere."

The official NHS winter campaign is encouraging the public to seek the most suitable healthcare option for their illness. Its advertisements are based around the theme of hospital signs and focus on the six treatment options available to the public: self-care, pharmacy, NHS Direct, A&E, the GP or 999.

The 'Get the Right Treatment' campaign is being produced jointly by the NPA, the NHS Executive, the Department of Health, and other stakeholders. Adverts in November and December will concentrate on NHS Direct, but in January the campaign switches to a specialist pharmacy theme, with advertisements highlighting six of the major winter ailments most suited to pharmacist intervention.

The primary target group is women aged 22-45 who have childcare responsibility (or other caring responsibilities) as, traditionally, this group is seen as the guardian of family health. The second key target group is young men, who do not always use the NHS responsibly.

## Flu vaccination

The second main strand to this year's campaign is the promotion of flu immunisation. The DoH is hoping to encourage everyone over 65 to get their free flu jab.

This part of the campaign is being spearheaded by Sir Henry Cooper. A six-week television campaign began on 18 September (in England only). The slogan delivered by Sir Henry is: "Don't get knocked out by flu. Get your jab in first." This campaign replaces flu immunisation week, which has been held in previous years.

While only 30 per cent of over-75s took up the offer of a flu vaccination last year, the opportunity is available to anyone over 65 this year.

Almost 4 million older people will still not have the flu vaccine this winter, according to an Age Concern survey. But if, as expected, half of them have the vaccine the Government target will be reached.

The following were given as reasons for not having the vaccination:

- nearly half thought they were unlikely to catch flu
- a third said that if they did get flu, they would get over it
- a third were worried about the vaccine's side effects.

Age Concern England's director general, Gordon Lisham, says: "Our survey shows that there are a lot of misconceptions that, unless challenged by the Government and the Health Service, could potentially harm the health

of older people. Our priority now must be to ensure that take up of the vaccination is as high as possible to avoid an epidemic and preventable pressures on the NHS this winter."

Almost a quarter of the total of 11 million flu vaccines available had been distributed to GPs within three weeks of the launch of the Government's national immunisation campaign, according to the DoH.

Reports of vaccine shortages have been denied by the Department. Dr Pat Troop, Deputy Chief Medical Officer, says: "GPs have bought more than enough vaccine to meet our target to immunise 60 per cent of those over 65 years or those in high risk groups. It is true that one manufacturer experienced a short delay in the availability of their vaccine but all are now delivering and have assured us that all their supplies will reach GPs by the end of this month."

The situation is similar in Scotland. At the beginning of this month, the Scottish Executive said: "There should be adequate supplies of vaccine to meet the target group. Already half of the needed supply has been received by pharmacists."

However, the balance between supply and demand will be tight, according to MSP and former GP, Dr Richard

Simpson. Speaking in *GP* magazine, he said: "Supplies of the vaccine will be tight this year, but we are confident that there will be enough to meet demand in Scotland."

## The threat from flu

Flu activity was at 'baseline levels' at the beginning of this month, according to the Public Health Laboratory Service. This means that very little flu was circulating, and the normal seasonal activity had not been reached.

Activity is rated using a Royal College of General Practitioners' scheme that measures the number of GP consultations for flu and flu-like illness. The consultation rate for the week ending October 1 was 9.3 per 100,000 of the population.

Although flu activity peaks each winter, the time at which seasonal flu activity starts varies from year to year, and cannot be predicted.

Last winter's flu outbreak killed nearly a third more people than in 1998-99, according to figures from the RCGP returns service.

Excess deaths attributed to flu hit 15,000 over the 1999-2000 season, compared to 11,551 the previous year.

GP consultations for flu-like illness peaked in the second week of 2000 at 231 per 100,000.

## Findings of the CHIC/DPP survey on colds and flu

● 15-24-year-olds are the most likely to go to bed (80 per cent) and take an OTC remedy (71 per cent) when they have a cold or flu, while the over 65s are the least likely to stay in bed (63 per cent) and the most likely to drink a hot toddy (54 per cent).

● Men are more likely to drink a hot toddy or eat spicy food to treat their symptoms, while women are more likely to eat more fruit and vegetables, take a health supplement or an OTC remedy.

● Over half the respondents living in Yorkshire drink a hot toddy for their symptoms.

● Those living in Scotland and northeast England are more likely to increase their fruit and vegetable intake to prevent a cold or flu. And southerners are more likely to take a health supplement.

● Single people are more likely to use the internet to find advice on treating colds and flu (10 per cent) than married (4 per cent) or divorced/separated/widowed people (3 per cent).

● Almost a quarter of Londoners worry about catching a cold or flu from public toilets.

● Over half the respondents worry about catching a cold from work, although more than a third would not take any time off even if they did have a cold.

**Colds or flu**

**Colds & Flu**

A guide to treating the symptoms of colds and flu with over-the-counter (OTC) medicines

**What you can do**

DOCTOR PATIENT PARTNERSHIP

Developing Patient Partnerships  
www.doctorpatient.org.uk



### How does antibiotic resistance occur?

Antimicrobial resistance develops through two processes that occur during exposure to antibacterial drugs:

- the selection of inherently resistant species
- the emergence of resistant variants within previously sensitive species.

Resistance in previously sensitive bacteria can evolve by mutation and be passed vertically within the species. But it can also result from the horizontal acquisition of genetic material from other bacteria. Genetic material is most often transposed as plasmids (self-replicating loops of DNA) or transposons ('jumping genes' – discrete segments of DNA, capable of transfer from one plasmid to another, or to a chromosome). Direct uptake of DNA (transformation) can occur in some species such as pneumococci.

Resistances can therefore pass between species. This includes from commensal strains to pathogens and vice versa. Multiresistance can result from one of three mechanisms:

- the acquisition of plasmids encoding multiple resistance mechanisms
- the activation of endogenous multidrug efflux systems
- the cumulative acquisition of resistances through several separate mechanisms.

Excessive and inappropriate use of antibiotics is thought to be one of the most important factors in increasing the prevalence of antibiotic resistance. Overuse of broad-spectrum antibiotics is particularly to blame. For example, *enterococci*, which are inherently resistant to cephalosporins and fluoroquinolones, have increasingly emerged as pathogens as the use of these drugs has increased.

Poor adherence to antibiotic prescribing guidelines aggravates the problem of overuse, while OTC antibiotics in some parts of the world encourage widespread, indiscriminate and inappropriate use. Resistant and multiresistant organisms are particularly important as a cause of hospital-acquired infection, especially in the immunocompromised, debilitated and elderly, in whom they can pose a serious threat to life. At one London hospital, around 6-7 per cent of patients contracted an infection during their stay. These infections are often difficult and expensive to treat, delaying discharge and sometimes demanding isolation procedures.

Development of new antibiotics is unlikely to overcome the problem of resistance. Only a few new classes of antibiotic, such as the oxazolidinones, are in development and these are particularly aimed at controlling resistant infections. When new broad-spectrum drugs are introduced, resistant organisms often occur within a short time, although initial resistant levels are low. For more details see the *Drugs and Therapeutics Bulletin* Vol 37 No2, February 1999.

# A prescription for resistance

Over three-quarters of antibiotic prescribing occurs in primary care, so community pharmacists will witness plenty of inappropriate prescribing this winter. **Steve Bremer** looks at the problem of antimicrobial resistance

**C**urrent trends in antibiotic prescribing are encouraging but there is still too much inappropriate prescribing and this needs to be addressed by PCGs and PCTs, concludes a study presented at last month's British Pharmaceutical Conference.

The NHS Executive study of its Northern and Yorkshire region found that antibiotic prescribing has improved since April 1998.

And this improvement is in line with national recommendations from the House of Lords Select Committee on Science and Technology and the Standing Medical Advisory Committee (SMAC).

Absolute prescription numbers decreased sharply in all health authorities studied, but antibiotic usage remained high and cannot be justified by demographic or morbidity factors.

Prescribing rates in the region declined sharply following the House of Lords report: prescriptions for antibacterials fell by 11.5 per cent between 1998 and 1999.

The percentage of prescriptions for three days' trimethoprim treatment (as per SMAC recommendations) rose in all the region's health authorities, from an average of 8 per cent to 14 per cent.

Prescribing of cephalosporins fell as a proportion of all antibiotic prescribing in 11 of the 13 HAs. These antibiotics are increasingly associated with resistant strains of *staphylococcus aureus*, *escherichia coli* and *enterobacter* species.

While the number of quinolone prescriptions declined overall, their relative use increased in eight of the 13 HAs.

The SMAC report expressed concern at the extent of fluoroquinolone prescribing and the associated resistance, including methicillin-resistant *S aureus* (MRSA), *Pseudomonas* species, and many enteric pathogens.

## Fewer prescriptions

Prescription numbers in England for drugs to treat infections increased from 46 million in the year to June 1993, to over 49 million in the year to June 1995, according to the Prescription Pricing Authority. But numbers have since fallen back to 40 million in the year to June 1999.

Around 90 per cent of these prescriptions are for antibacterial drugs, with 6 per cent for antiprotozoal and 4 per cent antifungal. Anthelmintics and antivirals make up less than 1 per cent each.

Penicillins are the most commonly prescribed antibiotics, with amoxicillin accounting for 61 per cent of this group. Co-amoxiclav accounts for 11 per cent of all penicillin prescriptions, but between English HAs there is an eight-fold difference in the ratio of

amoxicillin to co-amoxiclav prescriptions.

Inappropriate prescribing is not solely the preserve of GPs, however. A survey of practice in US emergency rooms revealed that, over the course of a year, emergency doctors gave antibiotics to a quarter of patients who had nothing more than a common cold.

The survey, published in the *Annals of Emergency Medicine* (2000; 36:320-327), found that about 2.7 million Americans went to emergency departments with colds and respiratory infections. Among those with bronchitis, more than 40 per cent were given antibiotics, as were a quarter of those with colds or upper respiratory tract infections.

Residents were less likely than more experienced doctors to inappropriately prescribe antibiotics. This could be because younger doctors have a greater

## Antibiotic resistance campaign history

### July 1997

The Standing Medical Advisory Committee (SMAC) published a report – 'The path of least resistance' – which reviewed the problem of antibiotic resistance and made recommendations. It identified four things that every GP can do to make a difference:

- no prescribing of antibiotics for simple coughs and colds
- no prescribing of antibiotics for viral sore throats
- limit prescribing for uncomplicated cystitis to three days in otherwise fit women
- limit prescribing of antibiotics over the telephone to exceptional cases.

### April 1998

The House of Lords Select Committee on Science and Technology issued its report – 'Resistance to antibiotics and other antimicrobial agents'.

The Inquiry chairman said: "Misuse and overuse of antibiotics are now threatening to undo all their early promises and success in curing disease. The biggest threat is complacency. We must start now if we are not to return to the bad old days of incurable diseases before antibiotics were available."

In response to this report, the Government set out a strategy for the NHS, which includes measures in relation to monitoring and optimising antimicrobial prescribing.

### June 2000

'UK antimicrobial resistance strategy and action plan' expands on the Government's strategy and outlines the key actions required.





The Department of Health will work with the NHS through HA prescribing advisers to encourage optimal prescribing. It will also promote the development and distribution of evidence-based national guidelines, suitable for local adaptation, for the management of certain infections.

All HAs, PCGs and Trusts will develop, implement and review policies and guidelines on the management of infections and the appropriate use of antimicrobials. The DoH will feed into the Royal Pharmaceutical Society's programme on shared goals between pharmacists and other healthcare professionals.

The PHLS has produced a draft guidance template for antibiotic use in primary care, available online at [www.phls.co.uk/advice/Antibiotic%20guidance.htm](http://www.phls.co.uk/advice/Antibiotic%20guidance.htm). It has been designed so that antibiotics and advice can be changed to suit local circumstances. It gives advice on the most common infections seen in general practice, and is based on advice from PRODIGY, the prescribing support system for GPs, the Cochrane Library, Clinical Evidence, Drug and Therapeutics Bulletins, the SMAC report, and other UK guidance from peer reviewed journals.

### Patient expectations

Many GPs feel pressured by patients into prescribing antibiotics for unsuitable indications such as sore throat or cough in adults. But a *HealthWhich?* survey reported that over three-quarters of patients were prescribed antibiotics although only 10 per cent had actually asked for them.

It also found that 91 per cent of respondents were aware of the problem of antibiotic resistance, that 80 per cent knew that nothing can cure a cold, and that antibiotics are more effective if not taken too often.

These findings conflict with the results of a survey by the Royal Pharmaceutical Society last year. In this survey, over half the respondents thought antibiotics would treat a cough and almost half thought they would treat a cold. Around one in five respondents perceived conditions such as sore throats, coughs and earaches as always treatable with antibiotics.

awareness of the problem of antibiotic resistance, according to the researchers.

### Extent of the problem

The extent of the antimicrobial resistance problem was revealed in a *Drug & Therapeutics Bulletin* (Vol 37 No 2). This concluded that "limiting the proliferation of resistance will require efforts from governments, healthcare professionals, the pharmaceutical industry and the public".

It pointed out that although prescribing guidelines already exist for many common situations, not all are evidence-

based or designed specifically to mitigate resistance. It went on to say that: "use, especially empirical use, of second-line and newly marketed antibiotics is to be discouraged except in defined clinical situations where there is clear agreement at local level or national level. In many situations the infection will be self-limiting and no antibiotic therapy is appropriate."

In an attempt to tackle the problem, the Government published its 'UK antimicrobial resistance strategy and action plan' in June. This outlined the key actions required in response to the Select Committee report.

The strategy aims to promote optimal antimicrobial prescribing through professional education, tailored information, guidelines and prescribing support, and organisational assistance. To encourage realistic public expectations, the strategy aims to establish a public information campaign and regular routes for distributing information, and to involve patients in prescribing decisions.

As part of the strategy, the Public Health Laboratory Service will set up and develop a national antimicrobial resistance surveillance programme taking account of user needs.

# DOLLS & CUF



# WE'RE GOING TO CHANGE

# COLDS

**A new strategy from Beechams in  
£5.3 million advertising campaign.**

Whichever way you look at it, colds and flu always spell sales. Only this time, Beechams® are ringing the changes. Not content with having the most complete cold and flu care range available, we've totally re-thought the way we tackle the problem with a head-to-toe relaunch of the entire Beechams brand.

Rather than lecture your customers about what's best for them, we're giving them the power

to think for themselves about how they can tackle colds and flu from within.

Backed by a £5.3 million promotional campaign and new look packaging being phased in during the winter, it's our biggest shake up in 40 years, but then no-one ever got anywhere by standing still. And we want you to go forward with us.

So stocking up on Beechams Colds and Flu range can only spell one thing. Profit.



THE WAY PEOPLE LOOK AT

# COLDS & FLU

the war against colds & flu. A new  
new opportunity for your business.

  
**Beechams**





A new television advert for Benylin makes compelling viewing but, says **Nina Keller Henman**, the aim is for consumers to remember the product, not the commercial

# Advert will grab your attention

**T**elevision advertising has played a major part in the Benylin success story. The figures tell the story: a market share in pharmacy at 32.5 per cent, up from 30.5 per cent a year ago. The product's combined market share, when sales through grocery are included, is 28.9 per cent, an increase of almost 5 per cent.

Warner-Lambert's latest campaign will run nationally from November until the end of February.

The company's advertising strategy has changed. Effectiveness is now the name of the game and the advert focuses on Benylin's track record in stopping persistent coughs rather than emphasising the power as in previous campaigns.

'Benylin will stop your cough even if you don't want it to' is the advert's message. It aims to persuade sufferers that they can find relief in their local pharmacy and do not always need to visit their GP.

Ensuring that brand awareness remains high among pharmacists and consumers does not come cheap, the total production and media spend for the campaign will top more than £2.5m.

## The brief

Warner-Lambert and its creative agency Bates Healthcare were aware that TV advertising of brands in the coughs and colds market is never easy because the products are distress purchases.

Any commercial must grab the viewer's attention while at the same time being not too compelling. There is nothing worse for any advertiser than if the consumer remembers the advert but forgets the product.

"Simple, but humorous" was the brief Bates' creative directors and copywriters took away from meetings with Warner-Lambert.

Warner-Lambert also commissioned market research company Research International to test different themes with consumer focus groups. The idea which scared highest an spontaneous and



The cast on the set of the latest Benylin ad

prompted awareness tests was a commercial based in an army camp where new recruits are lined up nervously waiting to take a medical.

Enter the army doctor and a fierce-looking sergeant major and each soldier is asked to cough. One recruit is unable to oblige because he had taken some Benylin before the medical.

Copywriter Rachel Warsancraft and her partner Joel Clarke had three weeks to devise the creative.

"The army idea was a funny and effective way of conveying the message that Warner-Lambert wanted to put across because the act of coughing is an integral part of the advert," she said.

## Casting

"For a commercial to have maximum effect, the casting process must be thorough and the film well directed," explained Ms Warsancraft.

For the Benylin advert, ten actors play soldiers in the line-up, although only five are seen on the screen at any one time.

"We did not select any particularly well-known actors because this can detract from the product being advertised. The central soldier character was chosen because he looks like a

loveable rogue and was the best of acting out not being able to cough," said Ms Warsancraft.

Warner-Lambert agreed to hire director Steve Reeves, whose commercials for clients such as Saffish Power and McDonalds had earned him a reputation for comic timing.

## Lights, camera, action

The filming for the one-day shoot was by Stark Films and it was produced by Cressida Luxton (Stark films) and Claire Cardell (the Bates designated producer).

Although the filming took only one day, it was a very long day for all involved. The film crew and Benylin representatives arrived before 8am and filming did not finish until early evening.

A continental breakfast, a choice of meat and vegetarian lunches, and afternoon tea made the lengthy filming process a bit more bearable.

## Short and sweet

Rehearsals were called immediately before each shot and different lighting effects plus four camera angles were used to obtain close-ups and wide angle views.

Massive editing was needed to create



Product manager Jon Connolly

the two final versions of the advert (30 seconds and ten seconds long).

Warner-Lambert's group product manager, Jon Connolly, says he is always amazed by the number of people required to make a TV commercial.

"There are so many back-room staff needed and as this was only a one-day shoot, the pressure to get everything 'in the can' was immense."

What seemed to take up a lot of the time was getting the pack shots right for the end of the ad, Mr Connolly added.

## Money, money, money

"There is a lot of money involved in producing a quality TV ad these days. Media spend has rocketed in the last 12 months as demand for airtime from telecom and telecommunications companies has pushed prices up," Mr Connolly explained.

Senior product manager, Richard Norton, added that despite the rising costs at TV advertising, it remains a vital part of the brand's marketing strategy, which also includes providing display material for pharmacies and leaflets for GP surgeries.

"The whole creative is designed to get people thinking about Benylin so that when they enter a pharmacy they will hopefully ask for it. As well as sales of the brand rising in grocery, sales in pharmacy are increasing, too, because consumers prefer to buy the extended Benylin range from their pharmacist," he said.

Warner-Lambert hopes the new advert will prove so successful it can be shown next season as well. Jon Connolly says the company will keep a close eye on sales and share figures throughout the campaign. He is aware that the success of the campaign is partly out of his hands.

"If we have a mild winter and fewer incidents of coughs it does not really matter if you have the best and most expensive advertisement in the world. We can only do our best to ensure consumers are aware of the product."



# LOCKETS®

## UNLOCKED

**NEW** LOCKETS Medicated Linctus We've unlocked the liquid centre of the Double Action LOCKETS lozenge, so now your customers can feel all that soothing power with new LOCKETS Medicated Linctus.

**Soothing for throats • Medicated for coughs**



LOCKETS Medicated Linctus contains honey,

glucose and glycerin to quickly soothe a sore

throat, and ipecacuanha to relieve coughs

without risk of drowsiness. All this and added menthol,

so that your customers will feel

that powerful LOCKETS effect

straight away.



**That LOCKETS effect** This great new opportunity brought to you through a collaboration between

Thornton + Ross, a leading manufacturer of cough

medicines, and **Mars** UK, will have that LOCKETS effect on the Linctus market this Winter.

With £2m advertising support for the LOCKETS brand this Autumn along with other exciting developments, there is sure to be added interest in the launch of new LOCKETS Medicated Linctus. And with generous launch margins, you'll feel the LOCKETS effect for yourself as you watch the profits flow in.

**To order, fax Thornton + Ross on: 01484 841322**

e. Locketts Medicated Linctus. **Presentation:** 100ml glass packs of linctus containing Glycerol BP 1.36g, Honey 1.356g, Liquid Glucose BPC 1963 280mg and Ipecacuanha Liquid Extract BP 0.01ml per 5ml dose. **Indications:** A soothing preparation for symptomatic coughs and sore throats. **Dosage:** For oral use. Adults: 10ml. Children over 1 year: 5ml. To be taken every 4 hours if required for up to 5 days. If symptoms persist, seek medical advice. **Contraindications:** Sensitivity to any ingredient. Patients in shock, with a history of seizures or with cardiovascular disorders. Diabetes. **Interactions:** None known. **Warnings and Precautions:** Use with caution in patients with hypovolaemia, renal disease or dehydration. **Pregnancy and lactation:** No adverse effects are likely however, consult a doctor or pharmacist before use. **Side effects:** Headache, nausea and vomiting. Less frequently, diarrhoea, thirst, dizziness and mental confusion. Cardiac arrhythmias have been reported. Glycerol may exacerbate dehydration. **Legal category:** GSL. **Pack and RSP:** 100ml £2.65. **Shelf life:** 2 years. **MA number:** PL 00240/5093R. **MA holder:** Thornton & Ross Ltd, Huddersfield, HD7 5QH. **Date of Preparation:** May 2000. Further information is available from the licence holder at the above address. Locketts® is a Registered Trademark of Mars © Mars 2000.



# The powerful Max factor

Powerful remedies drive the category from strength to strength. Are we leading too busy lives to nurse our coughs and colds?

**Y**es, it's that time at year again. Winter is fast approaching and it appears that we are less prepared to take time out of our busy lives to nurse the coughs and colds that come with it.

Category managers at the leading manufacturers of winter remedies are unanimous in that it is the more powerful, maximum strength products people were opting for.

## It's got to be strong

Greg Bertalatti, category manager healthcare for SmithKline Beecham, told C&D that he is convinced the future growth of the category will come from a continued trend towards self-medication and within that the maximum strength products. A trend he says SB has seen repeated in the sore throat category.

His counterpart at Reckitt Benckiser (RB), Cassandra May, category manager for Lemsip, agrees and says: "With increasing time pressures and pressures at work, people seem less willing to take time out. It is definitely the powerful treatments that are driving the category forward."

Information Resources figures<sup>1</sup> quoted in RB's cold & flu report 2000 clearly show that while two-thirds of GSL sales at winter remedies are accounted for by the 'standard strength' segment, it is the more powerful varieties that are growing the fastest. The standard strength products grew by a modest 1.2 per cent, whereas the maximum strength varieties saw a surge in market growth at 47.1 per cent.

Ms May adds that the trend towards self-medication is continuing and that 90 per cent of Britons are now buying cold & flu remedies to treat their symptoms themselves.

Information Resources/IRI figures<sup>1</sup> as quoted by RB and SB in their respective reports estimate the combined value of the winter remedies market (cold & flu remedies, sore throat, coughs medicines and decongestants) to be worth £346m<sup>2</sup>, an increase at six per cent overall.

## Pharmacy share grows

Within that sector, according to Information Resources, the cold & flu remedies performed particularly strong with an increase at 9.8 per cent<sup>3</sup> in the pharmacy sector. Nearly 60 per cent<sup>4</sup> of

## Top ten brands

### Cough liquids

Chemists incl Boots the Chemists  
52 w/c Aug 13, 2000

- 1 Benylin
- 2 Own label
- 3 Covonia
- 4 Meltus
- 5 Tixylix
- 6 Sudafed
- 7 Robitussin
- 8 Actifed
- 9 Venos
- 10 Buttercup

### Cold flu decongestants

Chemists incl Boots the Chemists  
52 w/c Aug 13, 2000

- 1 Lemsip
- 2 Beechams
- 3 Vicks
- 4 Sudafed
- 5 Night Nurse
- 6 Day Nurse
- 7 Olbas
- 8 Otrivine
- 9 Own label
- 10 Benylin

all cough and cold remedies were bought in a pharmacy.

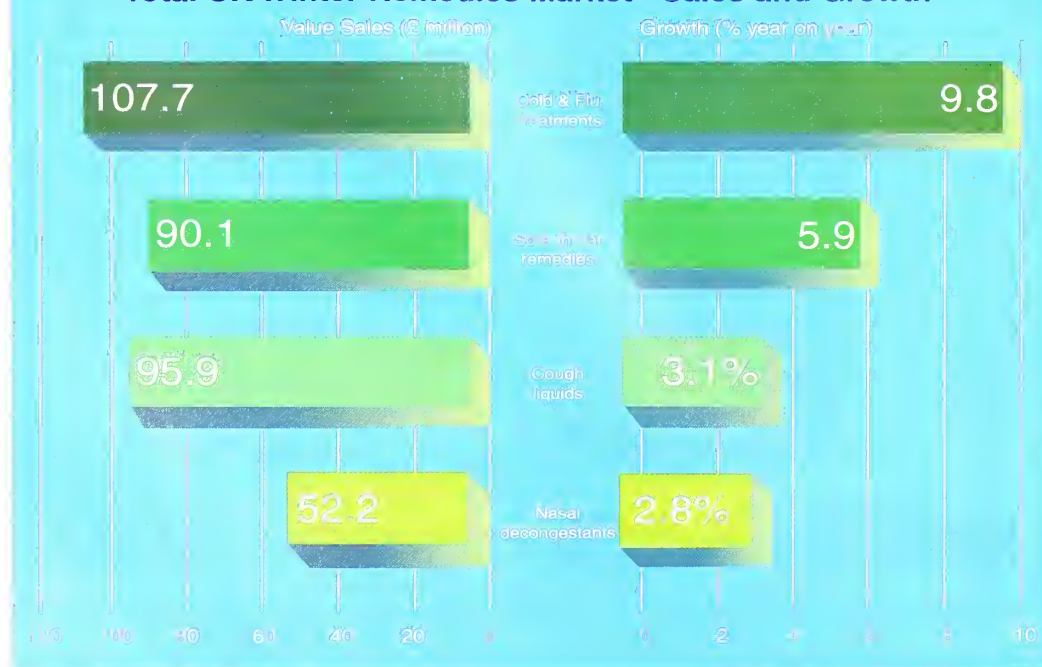
According to SB figures the pharmacy market share is 66 per cent. However, as far as chemists (including Boots the Chemists) were concerned the market only rose by 1.8 per cent<sup>2</sup>.

Mr Bertalatti would not be drawn into speculating the reasons why pharmacists were not benefiting from the overall trend, except to say that

supermarkets seemed to have been advertising more effectively. He did, however, offer some encouragement for pharmacists.

"Consumers with more serious symptoms will go to their pharmacist. We have seen significant increases in sales at Night Nurse, Day Nurse and Contac 400 in the pharmacy sector, which shows that people are beginning to use their pharmacist as the first port of call," he said.

## Total UK Winter Remedies Market - Sales and Growth



## The Top Ten

The category managers agreed that brand loyalty among customers was generally high. Figures released by Information Resources<sup>3</sup> showed Lemsip taking the top slot in the top ten cold, flu and decongestant category, closely followed by Beechams, Vicks and Sudafed. Benylin remained the customers preferred choice at cough liquid.

## Vapour therapy

In September, Warner-Lambert launched Calrub, a new vapour rub especially designed for children. The company is backing the launch with a \$300,000 investment covering promotional events, consumer and trade press advertising, as well as brand-building PR.

Calrub contains natural eucalyptus and menthol, and comes in a trendy green and purple 50ml tube. Senior product manager Nick Burgayne advises pharmacists to place Calrub in a special baby section and is certain that





increasing consumer awareness for the product will succeed in driving more parents into stores, thereby increasing sales opportunities.

### New kid on the block

The Lemsip family has had a new addition with the arrival of Lemsip 6+ cold and flu relief. The cold blackcurrent-flavoured drink contains phenylephrine and paracetamol and is suitable for children between the ages of



six and 12. It has a GSL licence and is sugar-free.

Lemsip category manager Cassandra May says that, as far as parents were concerned, only the best would do for their children, despite there being very little in terms of medicines especially for children.

Reckitt Benckiser has also extended the range of the Lemsip lozenges with the introduction of citrus fruit-flavoured sore-throats antibacterial lozenges. According to Reckitt Benckiser's cold & flu report, boxed lozenges are the leading format in the pharmacy sector.

### Vicks temperature

"Measure your temperature regularly, not just when you are feeling ill," is the message from Vicks as the company branches out into the thermometer sector. Vicks recently launched the Digital Comfort-Flex and Digital Thermometer alongside a specially designed dummy-like thermometer for babies.

Automatic shut-off is a feature the three thermometers share, as is a beep-tone signal indicating the thermometer is ready to read. Vicks recommends carrying out two temperature readings a day in order to establish an average temperature.

Building on the company's reputation in vapour therapy, the new range, which was launched at the Chemex 2000 exhibition, also includes a personal steam inhaler and an air moisturiser (pure steam vaporiser). The company predicts that around 200,000 inhalers will be sold this winter.

### Better for your teeth

Roche has launched a sugar-free version of its Redoxon effervescent and



chewables. The company also repackaged its whole range back in September, giving it more visual impact with its bold orange and red graphics. Pack-sizes for Redoxon have also been increased intended to give consumers better value for money.

The pack of ten effervescent went up to 15 while the 20 pack was increased to 30. The same pack-sizes apply to the dual action, which has zinc as an additional ingredient.

### All Clear on the nose

Breathe Right has launched a new drug-free nasal decongestant aimed at the appearance-conscious woman.

The nasal strip is now available in a clear version and manufacturer Ceuta Healthcare says a similar launch programme in the US has significantly increased sales.

The strip works by gently pulling open the walls of the nasal valve, while its drug-free status makes it ideal for use during pregnancy.



### Weleda promotion

Weleda will be running various promotions in the run-up to Christmas.

During October and December the newly repackaged Weleda Cough Elixir will be offered at staged discounts starting at 5 per cent. The maximum reduction available is 44 per cent.

Iris and Almond skincare products are on special offer in October at a discount of 35 per cent, while Christmas Bath Milk and winter homeopathic parcels feature in the November promotion.

### First winter Concepts

Pharmacists will be able to recommend the Herbal Concepts range of herbal remedies for respiratory conditions for the first time this winter. The company was only launched in January this year and two of its products are specifically indicated for catarrh relief and sinus relief respectively. The 'asthma and catarrh relief' remedy contains lobelia, white horehound and liquorice, while the sinus and hayfever relief contains echinacea, elderflower and garlic.



### Robitussin package

Whitehall Laboratories has put together a promotional package for the Robitussin range of cough medicines, which includes a window display and Robitussin branded shelf edging. In addition to the promotional materials, pharmacy counter assistants can take part in a competition with a chance to win a tea set.

### Sudafed

Sudafed and Sudafed Dual Relief are being supported with the first ever TV campaign for the product range. Going live on November 6, the add opens with a somewhat blurred shot through two central viewpoints, which later turn out to be the nostrils. The view gets increasingly clearer illustrating the



Continued on P15 →



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decongestant properties of Sudafed. The £3m campaign will run until February 2001.

It will be given merchandising support from Warner-Lambert before Christmas and the display material includes the counter unit featuring a shot from the advert, as well as sample of both



traditional Sudafed and the new Sudafed Dual Relief.

Sudafed Dual Relief was launched in September and contains phenylephrine, paracetamol and caffeine.

### New look nurse

SmithKline Beecham is confident that the Night Nurse and Day Nurse range will experience an increase in sales through its upgraded packaging, including the now embossed green cross. The company also increased its spend on a TV advertising campaign for Day Nurse and Night Nurse by 20 per cent to £2.4m, making it the biggest to date.



### Winter promotion

AAH Pharmaceuticals is launching a local winter health campaign in an attempt to increase footfall and boost awareness of season-specific products.

The promotion, which is exclusive and free of charge to the wholesaler's Vantage Refresh customers, includes a leaflet drop to more than five million households in the UK and Ireland. Any customers coming into the pharmacy in response to the mail out will receive a Vantage Winter Welcome pack. Included in the pack are samples of Sensodyne toothpaste, products from the Clairol herbal essence range, Wella shock waves and a 12-page health-guide.

A book of coupons can be used to claim money off selected winter health products and consumers can enter a competition with a chance to win a baby reassurance monitor.

The promotion will be launched in November.



### Beechams on the net

SB will be supporting the Beechams range with a trio of high profile initiatives worth around £5.3m this winter.

The company has launched a new web site with comprehensive information on colds and flu:

[www.beechamsfightback.co.uk](http://www.beechamsfightback.co.uk)

The web site will also feature the Beechams Cold & Flu scale. Beechams will also be sponsoring the weather on GMTV.

The third initiative is the sponsorship of a panel of experts who will give advice either on the internet on [www.coldfluCouncil.org](http://www.coldfluCouncil.org) or via the Beechams web site.

Colour coding seems to be the flavour of the month and the Beechams range has received its own colour-coded redesign: red for the maximum strength products (Beechams Flu Plus and Throat plus); yellow indicates hot drinks; while blue is reserved for Beechams Powders and Beechams all-in-one.

### Nurofen for children

Crookes Healthcare is planning to increase its advertising spend on Nurofen for children beyond the £1m mark after a successful 1999 marketing campaign.

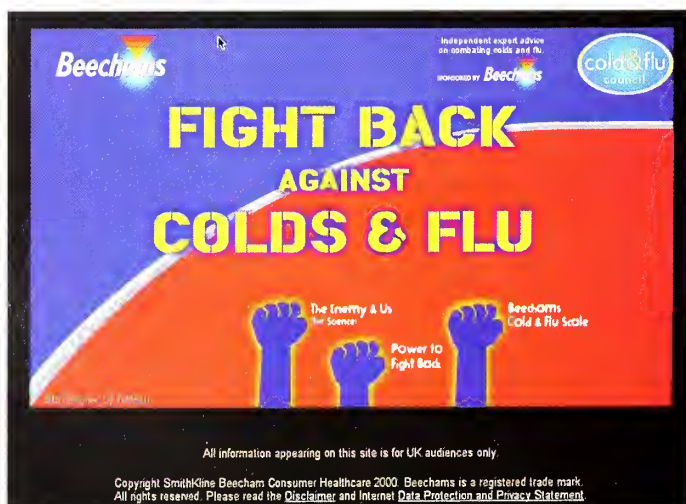
It may be the new kid on the block in terms of paediatric analgesics, but Nurofen for children sugar-free is proving a hit with children and parents alike. The product is now worth £2.9m in sales and 13 per cent of parents with children under the age of 12 are using the product.



### We are family

The magic of Calpol is to be revealed in two television ads this winter as part of a massive £1.5m advertising campaign,

Continued on P16→





# Healthcare with roots



**Höfels**

nature's own pharmacy

For over 60 years Höfels has specialised in natural healthcare, establishing itself as the No.1 herbal brand in pharmacy.

Today our 12 herbal products are still made from the finest ingredients. Only by using the purest of these can we maximise their beneficial properties, enabling generation after generation to appreciate our unique formulations.

This winter we shall be supporting Höfels with a £1,000,000 national advertising campaign that is sure to attract many new customers.

So stock up on Höfels. We're at the root of your herbal business success.



Höfels Pure Foods Ltd, Hedon Road, Marfleet, Hull HU9 5NJ



→ Continued from P14

on unrivalled investment according to manufacturer Worner-Lombert.

The 'Family album' ad sees a couple looking through the pages of a photo album of the Calpol family, while the larger advert takes snippets out of ordinary family life.



The TV campaign, which runs during October, will be complemented with a consumer press advertising in magazines such as *Best*, *CHAT*, *Mother and Baby* and *Prima Baby*.

Pharmacists can obtain free copies of the Calpol Information leaflets direct from Worner-Lombert Consumer Healthcare.

### Covonia ad rolled out

Thornton and Ross are rolling out their advertising campaign for Covonia. The company says that the advert, which had been piloted in London last year, had led to a surge in sales of around 24 per cent in the broadcast area. This year's campaign, which is expected to cost £500,000, will be extended to include the South of England and the Midlands, reaching around half of the population.



New point of sales material will be sent out towards the end of October. Following a 'Doy and Night' theme, they include a cube-style window display and a cardboard clock. A triangular window display is available from Thornton & Ross sales representatives.

### Olbas on Channel 5

GR Lanes will be backing its Olbas range with a £1m marketing campaign. The TV adverts will be running on



### Pastilles are back

Jackson's, the manufacturer of Throaties and Patters Pastilles, says that pastilles are enjoying something of a comeback.

The company quotes Information Resources figures, which show a 4 per cent increase in the pastilles' share of the medicated confectionery market during the summer season, which the company says bodes well for the cold and flu season.

According to Jackson's, customers prefer the soft and soothing qualities of pastilles to the hard-boiled lozenges.

### Marketing tips

The three category managers were also not short of merchandising advice for pharmacist. According to Reckitt Benckiser, the customers make their purchasing decision firstly according to the symptoms (colds and flu, sore throat, decongestant etc), then the brand and thirdly the format (hot drinks, capsules etc). Signposter brands should be positioned at eye level.

Jan Canolly (senior product manager, Worner-Lombert) says that the gospel of merchandising is to merchandise by indication vertically, while arranging different types and strength within a given brand horizontally. A special category for children's remedies might also be advisable.

Mr Canolly says that merchandising the winter remedies is traditionally difficult since pharmacists usually

opted to promote the gifts and toiletries ranges in the run up to Christmas instead.

"Pharmacists seem to lose sight of what differentiates them from other grocers and take down the promotional materials for winter remedies," he says.

His company has decided to provide merchandising support for Sudoled before Christmas and Benlylin early in January.

His counterpart of SmithKline Beecham agrees. "As pharmacists, their number one point of being is to supply medicines; that is their unique selling point and they should focus on it more," Mr Beriolotti says.

Mr Canolly has also noticed that pharmacist tend to keep ordering stocks even after the flu season has begun to decline. The end might come suddenly and the drop may be sharp, but he insists that pharmacists should be able to manage their stocks more profitably.

"If the information is there in a weekly publication (Worner-Lombert will be running the Benlylin Flu Forecast in *C&D*) and I was a pharmacist, I would pay more attention," Mr Canolly says.

- 1 Information Resources: Total GB 52 w/e February 27 2000 as quoted in RB cold/flu report
- 2 IRI: Total GB 52 w/e February 27 2000 as quoted by SB
- 3 Information Resources, Chemists incl. BTC, 52 w/e August 13 2000



# The cold war

Colds and flu will probably be the most common ailments presenting in community pharmacies this winter. An article from TESEMED, the European electronic self-medication programme for pharmacists, gives a comprehensive overview



Joseph Lamb

**A**lthough more than 200 different viruses can cause acute illness of the airways, most common colds are caused by rhinoviruses. A cold is usually transferred by direct contact with contaminated material, for example by shaking hands with somebody who has just coughed in his/her hands. Sneezing or coughing without holding a hand to the mouth can disperse the virus in small droplets of saliva, which may then be inhaled by other people.

Colds are common in children. A child's first cold usually occurs in its first year of life. Children are particularly prone to colds up to the age of six. In

Europe, small children have between five and eight infections a year on average, mainly from September to the end of April. Complications such as *otitis media* often arise.

## Influenza

Influenza or flu is caused by one of the myxoviruses. These are RNA viruses, 80-120nm in size. On the basis of the reaction of the antigen with a specific antibody, influenza viruses are classified into types A, B and C.

The virion has a limiting membrane and is enveloped in a coat composed principally of two glycoproteins, one having haemagglutinating activity. Both are strain-specific antigens.

Different serotypes of influenza A viruses are numbered H0N1, H1N1, H2N2 and H3N2, according to the major surface antigens of strains that have caused epidemics in humans since the virus was first isolated in 1933. Currently, both H3N2 and H1N1 types are causing prevalent disease.

Influenza A virus is the most frequent single cause of clinical influenza, which can, however, also be caused by influenza B and other viruses. It is spread by person-to-person contact or by airborne droplet spray.

Influenza produces widespread sporadic respiratory illness every year. Acute epidemics occur about every three years, generally nationwide during late

autumn or early winter. A major shift in the prevalent antigenic type of influenza A virus occurs about once every decade, resulting in an acute pandemic.

People of all ages are affected, but it is more prevalent in school children, and of its most severe in the very young, aged or infirm. Epidemics often occur in two waves: the first in students and active family members; the second mostly in people confined indoors due to illness and those in semi-closed institutions.

Influenza B causes epidemics about every five years and is much less often associated with pandemics. Influenza C is an endemic virus that sporadically causes mild respiratory disease.

## Symptoms

### Influenza

Fever and shivers (acute onset)  
Feelings of illness, tiredness, weakness, muscle pain  
Sore throat (sometimes)  
Cough and sneezing (sometimes)  
Blocked nose (sometimes)  
Headache  
Earache (sometimes)

### Cold

Low fever  
General malaise (gradually increasing in intensity)  
Sore throat  
Cough and sneezing  
Blocked nose  
Headache (sometimes)  
Earache (sometimes)

## Fever

Fever is a rise in body temperature (rectal temperature) above 38 deg C (note that rectal temperature is 0.5-1.0 deg C higher than buccal or axillary temperature).

Fever, exaggerating the normal diurnal variation in body temperature, is usually highest in the late afternoon and early evening. The febrile response is most pronounced in childhood and diminishes with age.

Thermoregulatory centres in the hypothalamus control body temperature by altering skin circulation, sweating and involuntary muscle activity (shivering). Fever is due to direct action on these thermoregulatory centres by an endogenous pyrogen (interleukin), a protein that is a product of monocytes and macrophages. It is synthesised in response to exogenous pyrogens such as bacteria, their endotoxins, viruses, parasites, other infectious agents and immune complexes.

Fever generally indicates influenza rather than a cold. If a child behaves normally, drinks water and carries on

*Continued on P18 →*



→Continued from P18

playing, there is no reason to worry or to suppress the fever.

Fever may also occur in many non-infectious diseases (eg myocardial infarction and rheumatism), adverse reactions to medicines, after vaccination, after prolonged exposure to the sun, in dehydration or in teething infants (often associated with hypersalivation and loss of appetite).

## Malaise or illness

Colds generally cause no more than a feeling of general malaise, whereas influenza causes a marked feeling of illness together with tiredness and weakness (generally at the same time as the acute onset of the fever and shivers).



## Headache

A general headache often appears as a consequence of coughing and sneezing. It should be clearly distinguished from the frontal headache typical of sinusitis, which worsens on bending forward.

## Muscle pain

Pain at the muscles and joints is more often seen in influenza than in common cold.

## Sore throat

In both cold and influenza, the throat often feels dry and painful. This is usually the first sign of a cold.

## Cough

A cough is a sudden expulsion of air through the mouth due to irritation of the larynx (tickling cough) or to inflammation of the trachea or bronchus. A cough is a natural protective mechanism, which should not be suppressed indiscriminately.

It should only be suppressed if it annoys the patient or prevents him/her from resting or sleeping. In the early stages of flu, a painful, dry, tickling cough is often present with little or no secretion of mucus.

## Runny nose

Most patients with a cold or flu suffer from a runny nose. Initially the secretion is a clear watery fluid, which later becomes viscous and sometimes purulent.

Nasal congestion is caused by dilatation of blood vessels in the nose, which hinders the passage of mucus.

A blocked nose can cause deafness because of swelling of the mucosa of the Eustachian tube (ie the tube that connects the middle ear with the nasal cavity). This means that the pressure in the middle ear cannot adjust to air pressure, and the eardrum is pushed inwards.

Sneezing is a sudden and involuntary expulsion of air through the nose and mouth due to stimulation of the nasal mucosa by an allergic reaction in general.

## Earache

A common complication of colds in children is earache, caused by *otitis media*. In these cases, children feel ill and cry when lying down (they often complain of abdominal pain when the cause is, in fact, *otitis media*).

## Referral to a doctor

**Children under 12 years with fever over 40 deg C (rectal temperature)**

A temperature of 40 deg C may cause convulsions in young children and should be referred.

Referral to a paediatrician should be considered in view of the specific characteristics of very young children.

**Children under two years with fever over 38 deg C (rectal temperature), earache and/or continuous crying**

Inflammation in the middle ear can aggravate the situation, increasing the possibility of bacterial infection. In some cases this may require antibiotic treatment.

**Coughing children under a year old**

Referral to a paediatrician should be considered in view of the specific characteristics of very young children.

**Intense frontal headache aggravated by leaning forward**

When the sinuses (spaces in the bony structures around nose and eyes) are blocked or inflamed, this may cause a

headache. Typical symptoms of sinusitis include unilateral pain in the upper jaw, tooth pain or pain that is made worse by bending forwards or lying down.

**Pus plaques in the throat, hoarseness and/or loss of voice**

These symptoms may be due to a bacterial infection leading to tonsillitis, which may require antibiotic treatment by the doctor.

**Coloured sputum, chest and back pain, shortness of breath**

A localised knife-like chest pain is characteristic of pleurisy, which is aggravated by inhaling or coughing. It is usually caused by an acute respiratory infection, and may be associated with an underlying pneumonia.

Chronic bronchitis can give rise to permanent breathlessness, especially on exertion.

**Flu and lung infections**

Flu can be complicated by secondary lung infection (pneumonia). Complications are more likely to occur in children, the elderly and patients with chronic obstructive pulmonary disease (COPD).

**Flu and asthma**

Many asthmatic attacks appear to be triggered by viral infections of the upper respiratory tract. Most asthmatic patients learn to start or increase their usual medication to prevent such an occurrence.

However, if the patient does not have such knowledge, or if the measures that are taken fail, referral is recommended.

**Flu and heart disease**

Persons with valvular heart disease with or without congestive heart failure, or other heart disease with pulmonary oedema, are at high risk.

**Other patients requiring special precautions**

In case of doubt, it is advisable to refer the following cases to a doctor:

- Pregnant women
- Breast-feeding women
- The elderly over 80 years
- Children under two years
- Patients who are confined to bed
- Diabetics
- Patients undergoing chronic treatments that produce flu-like symptoms (ACEs, interferon, rifampicin, levamisole)
- Patients undergoing treatment with antidiuretics producing nasal congestion (desmopressin)
- Immunocompromised patients such as AIDS sufferers
- Patients who have recently undergone surgery, or were recently discharged from hospital
- Patients with hepatic disorders or renal disorders
- Polymedicated patients
- Patients with restricted sodium and fluid intake.

For prophylactic purposes in these patients, vaccination is recommended in the first half of autumn. Special precautions should be taken in using a flu vaccine in very young children and pregnant women.

## After seven days

If self-medication with non-prescription medicines has been tried to relieve cold symptoms and no improvement occurs after one week, or if symptoms change or worsen, referral to a doctor should be considered. Colds and flu are normally self-limiting conditions and the initial symptoms of some serious diseases (eg meningitis, tuberculosis) can be similar to those of a cold.

## Treatment

**Fever and pain (earache, headache, muscle pain) medication**

In cases of high fever, muscle pain or headache, non-steroidal anti-inflammatory drugs (NSAIDs) or paracetamol may be indicated. Medication with only one active ingredient (eg paracetamol, aspirin or ibuprofen) is preferred because of the risk of possible enhancement of analgesic nephropathy in the combinations of NSAIDs.

Allergic reactions to NSAIDs are frequent in patients with a history of asthma and/or allergy, and NSAIDs should thus be used with caution in these patients.

The analgesic action of NSAIDs or paracetamol can be enhanced by co-administration of codeine (doses over 30mg). These combinations have no renal toxicity. However, the associated risk of adverse effects with high-dose analgesic opioids (especially respiratory depression, addiction, nausea, pruritus, constipation and hypotension) should be taken into account.

The inclusion of codeine in this type of combination is usually based upon its antitussive effects (lower doses than for analgesic effects); these effects probably involve distinct receptors rather than opioids that bind codeine itself.

Caffeine is frequently included in cold medicines. This is justified by manufacturers on the grounds that it reinforces the effect of the analgesic ingredients, and that its stimulatory effect produces a sensation of relief.

Caffeine may cause minor stomach problems or patients may find it more difficult to fall asleep. In some patients, tachycardia is observed.

Paracetamol is the medicine of choice in patients with haemocoagulation problems, peptic ulcer or gastritis, and in patients hypersensitive to acetylsalicylic acid or other NSAIDs. It may be given occasionally during pregnancy and lactation.

Paracetamol use is contraindicated in patients with hepatic insufficiency. In all patients the dose should be carefully controlled in view of the risk of producing highly hepatotoxic metabolites.



Unless prescribed by a doctor, these analgesics should not be used for more than a few days, whether alone or in combination with other NSAIDs.

**Paracetamol**

Children older than two years suffering from earache may be given a decongestant (in drop form) and paracetamol for three days. If there is no improvement, the patient is best referred to a doctor. The metabolites of paracetamol can darken the urine, but this has no clinical relevance.



**Aspirin**

Aspirin is contraindicated in children under 12 years of age. Care should be taken in patients with stomach problems. Do not use in the last two weeks of pregnancy because of the risk of haemorrhage.

Gastric problems can be reduced if the drug is dissolved in water and administered with meals.

**Runny/blocked nose and sneezing – topical treatment**

Nasal drops and sprays are the most common dosage forms. In adults, sprays are preferable; it is important that the patient understands that nasal drops and sprays should be administered in a vertical position.

In children aged less than six years, the use of drops is preferred, as their noses are generally too small for sprays. Since there is a possibility of 'rebound congestion', it is recommended that sympathomimetics should not be used for more than three days.

**Physiological saline**

Treatment of choice in pregnant women, hypertensive patients and children.

**Xylometazoline**

On doctor's advice only under two years. Not recommended for infants under three months old.

**Oxymetazoline**

Not recommended under six years.

**Runny/blocked nose and sneezing – oral treatment**

The medicines used are sympathomimetics. When administered systemically, such medicines have cardiovascular stimulatory effects, and may cause tachycardia and increased arterial pressure, together with increased blood glucose levels.

Oral administration should be avoided in hyperthyroid or diabetic patients, in patients receiving MAOIs or tricyclic antidepressants, and in hypertensive patients. In these cases, sympathomimetics should be used topically (locally), however, they are most commonly administered orally.

In cold medications, oral sympathomimetics are normally associated with antihistamines. The mucous-drying effect of antihistamines (useful in rhinorrhea) is attributable to their anticholinergic collateral action. Antihistamines cross the blood-brain barrier and have sedative effects; their concomitant use with other depressants (such as alcohol) should be avoided.

In view of their anticholinergic effects, antihistamines should not be used in patients with prostate hypertrophy, glaucoma, obstructive disorders of the gastrointestinal or urinary tracts, bronchial asthma or cardiac arrhythmias.

Vasopressors should not be used at high doses in professional sports competition, since they may give rise to positive results in doping tests.

**Cough and sore throat**

A sore throat can be alleviated with demulcents such as honey or sugar. Various medicated lozenges are available containing a local anaesthetic (benzocaine or lidocaine), an antiseptic, liquorice extract, and/or low doses of anti-inflammatory medicine.

During the early stages of influenza, a painful, dry, tickling cough typically occurs, with little or no secretion of mucus (ie an unproductive cough). If it irritates the patient or prevents rest or sleep, a cough of this type can be suppressed with an antitussive. Most antitussives (such as dextromethorphan and codeine) are medicines that act on opiate receptors to suppress the cough reflex.

Productive cough, a response to inflammation of the trachea or bronchus, generally arises at later stages, and should not be suppressed, in view of the risk of worsening congestion and encouraging infection of the airways.

A number of preparations are available for treatment of productive cough, including mucolytics (to reduce the viscosity of bronchial secretions) and

expectorants (to facilitate expulsion of the secretions). In practice, the distinction between these two categories is not evident, as both have similar final effects: the two are thus often grouped together, and are in general poorly documented.

Expectorants include iodine derivatives and compounds derived from essential oils. The most frequently used expectorant is guaifenesin.

In young children (under two years), suppositories and lozenges containing essential oils (eucalyptus or camphor) are frequently used.

Syrups may contain ethanol, and should be avoided in children and in patients receiving CNS depressants. Some syrups contain large amounts of sugar, and diabetic patients should be given sugar-free syrups.

**Benzocaine and lidocaine**

Do not use in patients who are allergic to local anaesthetic.

**Guaifenesin**

Productive cough should not be suppressed. Guaifenesin is an expectorant agent used in syrup or capsules.

**Dextromethorphan**

Dextromethorphan is an antitussive used to treat dry cough that may disturb rest or sleep. Dextromethorphan is considered safe in pregnancy.

**Codeine**

Codeine is an antitussive used to treat dry cough that is interfering with rest or sleep. At high doses codeine may cause sleepiness, constipation and respiratory depression. It should not be used during pregnancy. It is not permitted in competitive sports.

**Hygiene measures**

Hygienic measures are important in the treatment of colds and influenza. In pregnant women, hygienic measures are the treatment of choice.

Recommended hygienic measures include increased liquid intake, and rest in a warm environment with high air humidity.

It is also important to maintain a humid atmosphere. In addition, vapour or steam inhalation may likewise help to hydrate bronchial secretions, and are particularly useful in cases of productive cough.

Steam inhalation can be achieved simply by bending over a basin of hot water and covering the head and basin with a towel. There is no firm evidence to suggest that the addition of medicaments to the water has any beneficial physiological effect, but balsamic medicaments, such as eucalyptus and camphor, are typically perceived as effective by the patient.

These products are contraindicated in children younger than two years. When such substances are used, the water

should not be boiling – apart from the evident risk of scalding, the components of the medicament will be rapidly volatilised.

In the case of small children, steam inhalation from a basin may be dangerous, and the best approach is probably to fill the bathroom with steam and keep the child in there for a short period.

Sore throats can be improved with a physiological saline gargle, and with demulcents.

Special care should be taken to avoid tobacco smoke and air pollution.

TESEMED is an electronic self-medication training programme for pharmacists that has been developed in Europe.

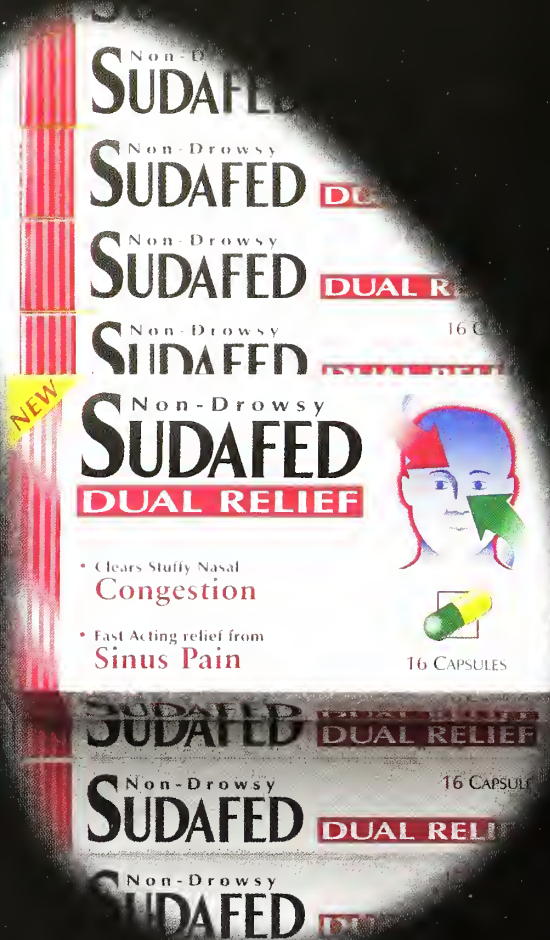
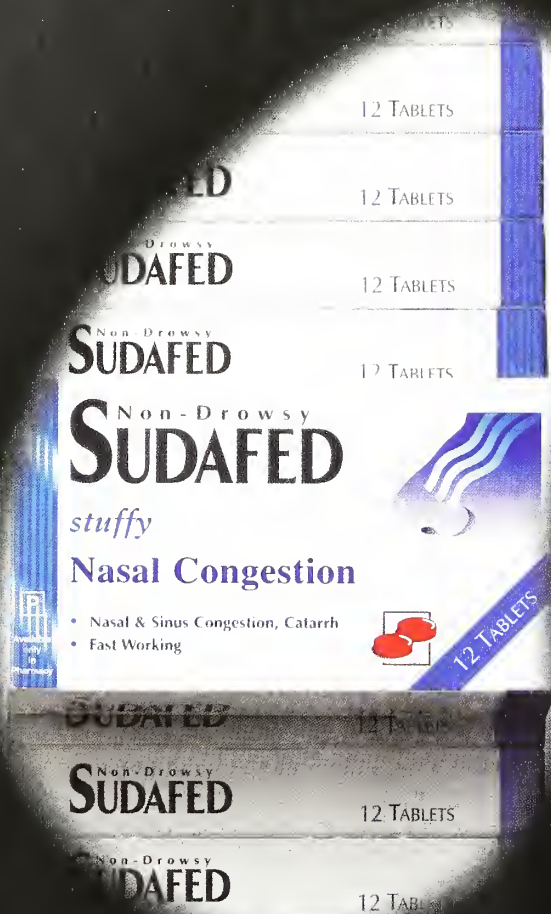
The programme is part of European Commission research programme aimed at improving the public's health knowledge and self medication throughout Europe. The European organisations representing community pharmacists (PGEU) and the manufacturers of non-prescription medicines (AESGP) are both involved in the project.

Pharmacists are invited by TESEMED to use the interactive self-medication programme as a learning tool. The programme can be downloaded free of charge from the TESEMED web site at [www.imim.es/tesemed](http://www.imim.es/tesemed)



**Take care when giving OTC treatments to children**





Paracetamol, Phenylephrine, Caffeine.

## We're looking at Nasal Health in a whole new way.

### From the inside out.

Sudafed is about to make its TV debut with advertising that looks at nasal congestion in a completely different way. The three month national campaign also introduces new Sudafed Dual Relief, for congestion and the sinus pain that it can cause. To help build the importance of good nasal health and confirm Sudafed's status as doctors', pharmacists' and counter assistants' favourite decongestant brand, we're also launching an educational campaign with a new CD-ROM training package, available through your Territory Manager. So, if you want your customers' noses to be clear, there's a clear choice.

Presentation: Capsule containing Paracetamol 300mg, Phenylephrine 5mg and Caffeine 25mg. Uses: relief of cold and flu symptoms. Dosage: adults: 2 capsules every 4-6 hours, max 12 per day 24 hours. Children 6-12 years: 1 capsule every 4-6 hours, max 6 per day. Contra-indications: Hypersensitivity, concurrent use of antidepressants, hypertension, hyperthyroidism, prostatic disease, glaucoma, cardiac disease and pregnancy. Precautions: Caution in hepatic or renal impairment and alcohol dependence. Side effects: Rarely hypersensitivity, hypertension or nausea. Price (ex VAT): 16s: £2.37, 32s: £3.91. Legal category: 16s: GSL, 32s: P. PL holder: Wroton Laboratories, Braintree, N. Devon, EX33 2DL. Further information is available from Warner Lambert Consumer Healthcare, Chestnut Avenue, Eastleigh, SO53 3ZQ. PL number: 12063/0003. Date: October 2000.